


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-09-2007 90047 021 ***150.00

DOCUMENT # P06000000314			
1. Entity Name EQUITY COMMERCIAL GROUP, INC.			
Principal Place of Business 2600 DOUGLAS ROAD 710 CORAL GABLES FL 33134		Mailing Address 2600 DOUGLAS ROAD 710 CORAL GABLES FL 33134	
2. Principal Place of Business - No P.O. Box # 2600 DOUGLAS ROAD Suite, Apt. #, etc. 204		3. Mailing Address 2600 DOUGLAS ROAD Suite, Apt. #, etc. 204	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
4. FEI Number 20-4063474		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ-VALLE, MARIA 3750 NW 87TH AVE. STE 100 MIAMI FL 33173		7. Name and Address of New Registered Agent	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		Name	
SIGNATURE _____		Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of registered agent and fee if applicable		City	
NOTE: Registered Agent signature required on all filings (s)		FL Zip Code	
DATE _____		8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP BENITEZ, SONIA 2600 DOUGLAS ROAD STE # 710 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S/VP PERNA, LUIS E 2600 DOUGLAS ROAD STE # 710 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Luis E. Perna</u>		Luis E. PERNA 3/27/07 305 443-0442	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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