

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000119279

1. Entity Name
EQUITABLE ENERGY CONSULTANTS, INC.



Principal Place of Business
**480 LEUCADENDRA DR.
CORAL GABLES, FL 33156**

Mailing Address
**P. O. BOX 347705
MIAMI, FL 33234-7705**



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5629442

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JACKSON, CLIVE
480 LEUCADENDRA DR.
CORAL GABLES, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	JACKSON, CLIVE
STREET ADDRESS	480 LEUCADENDRA DR.
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	VD
NAME	PEREZ, ALAN
STREET ADDRESS	480 LEUCADENDRA DR.
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	V
NAME	HAMILTON, MARCUS G
STREET ADDRESS	480 LEUCADENDRA DR
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/15/08-80034-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Clive Jackson *Clive Jackson* *4/21/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #