


May 04, 2006  
Secret

DOCUMENT # P93000086229

1. Entity Name  
EQUITY FINANCIAL MORTGAGE GROUP, INC.



|  |  |
|--|--|
| Principal Place of Business<br>5901 NW 151ST ST., #211<br>MIAMI LAKES, FL 33014 US | Mailing Address<br>5901 NW 151ST ST., #211<br>MIAMI LAKES, FL 33014 US |
|--|--|

**DO NOT WRITE IN THIS SPACE**



04282006 No Chg-P CR2E034 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>65-0454351                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SCHMIDT, GIOVANNA  
8841 NW 189 TERRACE  
MIAMI, FL 33018

**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: *Giovanna Schmidt* DATE: 4/28/06

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>VANONI-SCHMIDT, GIOVANNA<br>5901 NW 151ST ST., #211<br>MIAMI LAKES, FL 33014 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SCHMIDT, JACQUES P<br>5901 NW 151ST ST., #211<br>MIAMI LAKES, FL 33014       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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05/19/06-80026-012 150.00

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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: *Giovanna Schmidt* DATE: 4/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #