
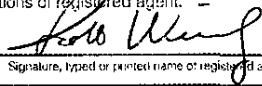
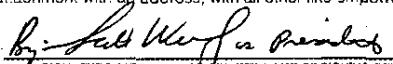


FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90050 034 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000040006			
1. Entity Name EQUISTAR MANAGEMENT COMPANY			
Principal Place of Business P O BOX 770668 CORAL SPRINGS, FL 33077-0668		Mailing Address P O BOX 770668 CORAL SPRINGS, FL 33077-0668	
2. Principal Place of Business 925 S Federal Hwy Suite, Apt #, etc. 715 City & State Boca Raton, FL Zip 33432		3. Mailing Address 925 S Federal Hwy Suite, Apt #, etc. 715 City & State Boca Raton, FL Zip 33432	
4. FEI Number 65-0498373		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEICHOLZ, SCOTT 210 UNIVERSITY DRIVE SUITE 900 CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Scott Weicholz Street Address (P.O. Box Number is Not Acceptable) 925 S Federal Hwy Suite 715 City Boca Raton FL Zip Code 33432	
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 		President 03/05/2004	
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, 2004 Fee will be \$550.00		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	DPS WEICHOLZ, SCOTT 210 UNIVERSITY DR., SUITE 900 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Weicholz, Scott 925 S Federal Hwy, Suite 715 Boca Raton, FL 33432 <input checked="" 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
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 exemption stated in Section 119.07(3)(i), 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: 		By: Scott Weicholz as President 03/05/2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

