


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90100 002 \*\*\*150.00

**DOCUMENT # P97000023378**

1. Entity Name  
**EQUITY EXPRESS MORTGAGE CORPORATION**



Principal Place of Business <b>401 MIRACLE MILE          107          CORAL GABLES, FL 33134</b>	Mailing Address <b>401 MIRACLE MILE          107          CORAL GABLES, FL 33134</b>
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04202005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0729202</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

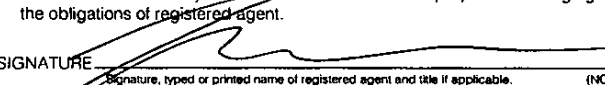
6. Name and Address of Current Registered Agent

~~ABBATE, JAMES~~  
~~220-222 ANDALUSIA AVE.~~  
~~CORAL GABLES, FL 33134~~

*Tara Abbate*  
*401 Coral Way #107*

**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:  DATE: *04/29/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

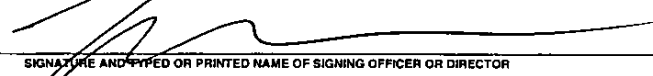
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBATE, JAMES 401 MIRACLE MILE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBATE, TARA 220-222 ANDALUSIA AVE CORAL GABLES, FL 33134 <i>401 Coral Way #107</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  DATE: *04/29/05*

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