


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P97000038224

1. Entity Name
EQUIJUST INC.



Principal Place of Business
**1776 N. PINE ISLAND RD
 SUITE 215
 PLANTATION, FL 33322**

Mailing Address
**1776 N. PINE ISLAND RD
 SUITE 215
 PLANTATION, FL 33322**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3444615 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KIDD, ANTON
 1776 N. PINE ISLAND ROAD, SUITE 215
 PLANTATION, FL 33322**

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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D KIDD, ANTON 2558 JARDIN MANOR WESTON, FL 38327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIES, EDWARD 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRY, GARRETH 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROJAS, MARCO E 520 BRICKELL DEY DRIVE SUITE 0-305 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/07/08-80027-016 150.00

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:  **3/19/08**

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