2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90019 030 ***150.00

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1. Entity Name
EQ AVENUE, CORP

Principal Place of Business	Mailing Address
9224 BTRON AVE. SURFSIDE, FL 33154	9224 BTRON AVE. SURFSIDE, FL 33154

01272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
9224 BYRON AVE	9224 BYRON
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SURFSIDE FLORIDA	City & State: SURFSIDE FLORIDA
Zip: 33154 Country: DADE	Zip: 33154 Country: DADE

4. FEI Number 20-2454721 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

QUINTAS, ESTEBAN
9224 BTRON AVE.
SURFSIDE, FL 33154

7. Name and Address of New Registered Agent

Name: QUINTAS ESTEBAN
Street Address (P.O. Box Number is Not Acceptable): 9224 BYRON
City: SURFSIDE FL Zip Code: 33154

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 QUINTAS, ESTEBAN 9224 BTRON AVE. SURFSIDE, FL 33154	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS QUINTAS ESTEBAN 9224 BYRON AVE SURFSIDE, FL 33154	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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