

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000023504

**Entity Name:** EQUIFER, INC.

**Current Principal Place of Business:**

2420 SMITH STREET  
SUITE N  
KISSIMMEE, FL 34744

**Current Mailing Address:**

10086 MEDALLION BLUFF LANE  
ORLANDO, FL 32829 US

**FEI Number: 59-3710423**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FERNANDEZ, FRANCIA  
10090 OAK CREST RD  
ORLANDO, FL 32829 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name FERNANDEZ, JOSE H  
Address 10086 MEDALLION BLUFF LN  
City-State-Zip: ORLANDO FL 32829

Title VP  
Name FERNANDEZ, FRANCIA  
Address 10090 OAK CREST RD  
City-State-Zip: ORLANDO FL 32829

Title T  
Name FERNANDEZ, NUBYA  
Address 10086 MEDALLION BLUFF LN  
City-State-Zip: ORLANDO FL 32829

Title S  
Name FERNANDEZ, HIDALGO  
Address 10086 MEDALLION BLUFF LN  
City-State-Zip: ORLANDO FL 32829

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: FRANCIA FERNANDEZ**

**VICE PRESIDENT**

**04/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date