2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE:** 

## Aug 12, 2008 8:00 am Secretary of State **DOCUMENT # 709071** 1. Entity Name 08-12-2008 90025 002 \*\*\*\*61.25 EQUALITY HOUSE, INC. Principal Place of Business · Mailing Address 901 10TH ST #10 MIAMI BCH FL 33139 901 10TH ST #10 MIAMI BCH FL 33139 2. Principal Place of Business - No P.O. Box # Mailing Address 901 - 10th St 901-1046 St. Suite, Apt. #. etc Suite, Apt. #, etc 1st MOORE CR2E037 (10/07) APT. # City & State Applied For 4. FEI Number 59-1002638 MIAM Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33/3 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OSEPH ANFUSO ROSENFIELD, ROBERT Street Address (P.O. Box Number is Not Acceptable) 8025 CRESPÍ BLVD MIAMI BEACH FL 33141 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution, Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD Delete TITLE Change 🔀 ☐ Addi∠on ROSENFIELD, ROBERT NAME 8025 CRESPI BLVD STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY ST-ZIP CITY-ST-ZEP VD ☐ Delete Addition TITLE DIB, DELIA NAME NAME 901 10 ST #9 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP TD TITLE Delete TITLE ☐ Change ■ Addition HALBER-SANDY -NAME 901 10 ST 10 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition ANFUSO, JOSEPH NAME NeME OSEPH ANFUSO STREET ADDRESS 901 10 ST #1 STREET ADDRESS 901 - 10th St. #1 MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE ☐ Delete ☐ Change TITLE **Addition** NAME NAME BEVERLY CHETHIK 901 - 10th St #8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILAMII BEACH. HILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signalure 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 617, 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.