

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90068 011 \*\*\*150.00

**DOCUMENT # H96622**

1. Entity Name  
**EQUIFLOR CORPORATION**



Principal Place of Business

**4405 NW 97 AVE  
MIAMI, FL 33178**

Mailing Address

**C/O NICOLAS TRUJILLO  
4405 NW 97 AVE  
MIAMI, FL 33178**

**DO NOT WRITE IN THIS SPACE**



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2703775**

Applied For  
Not Applied

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

6. Name and Address of Current Registered Agent

**TRUJILLO, NICOLAS F  
4405 NW 97TH AVENUE  
MIAMI, FL 33178**

**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

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, 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  
**VD  
GIORGINI, VICTOR R  
4405 NW 97 AVE  
MIAMI, FL 33178**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SARANDES, ANTHONY  
2120 SW 55 STREET ROAD  
OCALA, FL 34474**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SCHMIDT, JAMES M  
1 GROVE ISLE DR., SUITE 1202  
COCONUT GROVE, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
MARRERO, RAUL  
4405 N.W. 97TH AVE.  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SHULZ, PETER  
801 PINE CREEK LANE  
NAPLES, FL 34108**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
TRUJILLO, NICOLAS F  
4405 NW 97TH AVE  
MIAMI, FL**

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nicolas F. Trujillo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-11-05

305-594-4445