


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # K13678 <small>1. Entity Name</small> EQUIP*HOTEL, INC.		
<small>Principal Place of Business</small> 17031 S.W. 49 STREET FORT LAUDERDALE, FL 33331 US	<small>Mailing Address</small> P O BOX 297260 PEMBROKE PINES, FL 33029 US	
DO NOT WRITE IN THIS SPACE		
<small>6. Name and Address of Current Registered Agent</small> POUCKET, NATALIE MITCHELL 17031 S.W. 49 STREET FORT LAUDERDALE, FL 33331		DO NOT WRITE IN THIS SPACE
<small>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.</small> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VSD POUCKET, FRANCOIS 17031 S.W. 49 STREET FORT LAUDERDALE, FL 33331	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	PTD POUCKET, NATALIE MITCHELL 17031 S.W. 49 STREET FORT LAUDERDALE, FL 33331	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	DO NOT WRITE IN THIS SPACE	
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<small>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.</small>		
SIGNATURE: <i>Natalie Poucet</i> NATALIE POUCKET <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		April 11 2006 <small>Date Daytime Phone #</small>



04052008 No Chg-P CR2E034 (11/05)

<small>4. FEI Number</small> 65-0027096	<small>Applied For</small> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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05/10/06-80015-010 158.75