2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AM Secretary of State

ANNOAL REPORT				Secretary of State			
DOCUMEN 1. Entity Name EQUIP'HOTEL	NT # K13678 ., INC.				Se	cretar	y of State
Principal Place of Bus 17031 S.W. 49 STR FORT LAUDERDALE,	REET	Mailing Address P O BOX 297260 PEMBROKE PINES, FL 33029	US			 	
DO	CE	04172008 No Chg-P CR2E034 (11/05) 4. FEI Number					
POUCET, NATALIE MITCHELL 17031 S.W. 49 STREET FORT LAUDERDALE, FL 33331			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 system or pertiand name of requisiend agent and title if applicable (NOTE Registered Agent signature required when reinstating).							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution				.00 May Be ed to Fees			
STREET ADDRESS 1703	OFFICERS AND DIF CET, FRANCOIS 11 S.W. 49 STREET T LAUDERDALE, FL 33331	ECTORS		0	U0000092 IS/20/08-80	5266 017-023	150.00
STREET ADDRESS 1703	CET, NATALIE MITCHELL 1 S.W. 49 STREET T LAUDERDALE, FL 33331						
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN '	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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

4/25/08 (954)252-0399 Date Date Datomp Proper