2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M77524

1. Entity Name
EQUITY FINANCIAL RESOURCES, INC.

Principal Place of Business	Mailing Address
21210 N.E. 20TH AVE.	21210 N.E. 20TH AVE.
MIAMI, FL 33179	MIAMI, FL 33179

DO NOT WRITE IN THIS SPACE

01202005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0044887		Not Applicable

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

6. Name and Address of Current Registered Agent

LAVENDER, JOEL R
507 S.E. 11TH CT.
FT. LAUDERDALE, FL 33316

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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	PD	
NAME	BOTWINICK, BRUCE	
STREET ADDRESS	21210 N.E. 20TH AVE.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	STD	
NAME	BOTWINICK, SHARRON	
STREET ADDRESS	21210 N.E. 20TH AVE.	
CITY-ST-ZIP	MIAMI, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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01/25/05-80048-001 150.00

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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 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   Date   Daytime Phone #

1/21/05   306-935-6593