2008 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. MIAMI, FL 33179	21210 N.E. 20TH AVE. MIAMI, FL 33179

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip · Country	Zip · Country

02112008   Chg-P   CR2E034 (12/06)

4. FEI Number
65-0044887
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAVENDER, JOEL R 507 S.E. 11TH CT. FT. LAUDERDALE, FL 33316	Name _Bruce Botwinick_ Street Address (P.O. Box Number is Not Acceptable) _21210 NE 20 Ave_ City _Miami_ FL Zip Code _33179_

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD		
NAME	BOTWINICK, BRUCE	☐ Delete	TITLE
STREET ADDRESS	21210 N.E. 20TH AVE.		NAME
CITY-ST-ZIP	MIAMI, FL		☐ Change ☐ Addition
TITLE	STD	☐ Delete	
NAME	BOTWINICK, SHARRON		TITLE / NAME
STREET ADDRESS	21210 N.E. 20TH AVE.		☐ Change ☐ Addition
CITY-ST-ZIP	MIAMI, FL		
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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.

SIGNATURE: _____   2/11/08   305 935-6593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #