

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006862

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** THE EQUINOXALIZER CORP

**Current Principal Place of Business:**

3014 S. PENINSULA DR.  
DAYTONA BEACH SHORES, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

3014 S. PENINSULA DR.  
DAYTONA BEACH SHORES, FL 32118

**New Mailing Address:**

**FEI Number:** 27-1686098

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ELSAKR, JOSEPH M  
3014 S. PENINSULA DRIVE  
DAYTONA BEACH SHORES, FL 32118 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ELSAKR, JOSEPH M  
**Address:** 3014 S. PENINSULA DRIVE  
**City-St-Zip:** DAYTONA BEACH SHORES, FL 32118 US

**Title:** VP  
**Name:** ELSAKR, SARAH M  
**Address:** 3014 S. PENINSULA DRIVE  
**City-St-Zip:** DAYTONA BEACH SHORES, FL 32118 US

**Title:** SEC  
**Name:** BENEFIELD, HALEI C  
**Address:** 2619 ARLINGTON AVE.  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JOSEPH ELSAKR

PRES

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date