2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000173

Entity Name: EQUAL HOUSING FUND OF FLORIDA, CORP.

FILED Feb 26, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1901 BRICKELL AVE				175 SW 7TH STREET		
PH10B				1205		
MIAMI, FL 33129 US Current Mailing Address:				MIAMI, FL 33130 US New Mailing Address:		
Current IVI	alling Addre	SS:		new Maili	ng Adaress:	
P.O. BOX 3 MIAMI, FL						
FEI Number:	65-0566000	FEI Number Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:		Name and	Address of N	lew Registered Agent:
EKONOMOU, NICHOLAS E. 1901 BRICKELL AVE PH10B				EKONOMOU, NICHOLAS E. 175 SW 7TH STREET 1205		
MIAMI, FL 33129 US				MIAMI, FL 33130 US		
	named entity of Florida.	submits this statement for the p	urpose o	f changing it	ts registered o	office or registered agent, or both,
SIGNATURE:				02/26/2009		
Electronic Signature of Registered Agent				Date		
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	PVPD (EKONOMOU, I 1901 BRICKEI MIAMI, FL 33 ²	LL AV. PH10B		Title: Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	DIR (FULBRIGHT, M 175 SW 7TH S MIAMI, FL 331	TREET
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:		
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Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	DIR (FULBRIGHT, M 175 SW 7TH S MIAMI, FL 331	TREET

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NICHOLAS EKONOMOU DIR 02/26/2009