

**Jan 31, 2006 08:00-AM**  
**Secretary of State**

<b>DOCUMENT # P00000036298</b> 1. Entity Name <b>EQUITY REALTY CORPORATION</b>				<b>Jan 31, 2006 08:00-A</b> <b>Secretary of State</b>	
Principal Place of Business <b>2121 NORTHWEST 139TH STREET #1</b> <b>OPA LOCKA, FL 33054</b>		Mailing Address <b>2121 NORTHWEST 139TH STREET #1</b> <b>OPA LOCKA, FL 33054</b>			
<h1 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h1>				01252006    No Chg-P    CR2E034 (11/05)	
				4. FEI Number <b>65-1017906</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>				<h1 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h1>	
<b>GAVSIE, RONALD</b> <b>2121 NORTHWEST 139TH STREET #1</b> <b>OPA LOCKA, FL 33054</b>					
<b>8.</b> 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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when installing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<h1 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h1>	
	PSTD	GAVSIE, RONALD	2121 NORTHWEST 139TH ST #1		
			OPA LOCKA, FL 33054		
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02/03/06-80039-007 150.00

**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: \_\_\_\_\_ DATE: 1/26/06 TIME: 3:05 PM PHONE: 687-6080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR