

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083462

Entity Name: EQUILIBRIUM, P.A.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

1725 MAIN STREET, #223
WESTON, FL 33326

New Principal Place of Business:

2233 N. COMMERCE PKWY #3
WESTON, FL 33326

Current Mailing Address:

1725 MAIN STREET, #223
WESTON, FL 33326

New Mailing Address:

2233 N. COMMERCE PKWY #3
WESTON, FL 33326

FEI Number: 65-1032544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, JONATHAN H
1725 MAIN STREET, #223
WESTON, FL 33326 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOFFMAN, JONATHAN
Address: 1725 MAIN STREET, #223
City-St-Zip: WESTON, FL 33326

Title: VP () Delete
Name: MORITZ-RUBENSTEIN, E. KATIA
Address: 2545 SANCTUARY DR
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN HOFFMAN

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date