


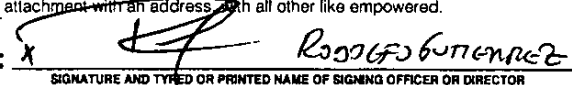
# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90011 045 \*\*\*150.00

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DOCUMENT # P00000112343			
1. Entity Name EQUIMED INTERNATIONAL, INC.			
Principal Place of Business 7669 NW 50TH STREET MIAMI, FL 33166		Mailing Address 7669 NW 50TH STREET MIAMI, FL 33166	
2. Principal Place of Business 10140 NW 5th Street		3. Mailing Address 10140 NW 5th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Doral, FL		City & State Doral, FL	
Zip 33178	Country	Zip 33178	Country
4. FEI Number 65-1059933		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUTIERREZ, RODOLFO 7669 NW 50TH STREET MIAMI, FL 33166		7. Name and Address of New Registered Agent Name: Gutierrez, Rodolfo Street Address (P.O. Box Number is Not Acceptable): 10140 NW 5th Street City: Doral FL Zip Code: 33178	
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 _____		DATE: 03/18/05	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTIERREZ, RODOLFO 7669 N.W. 50TH STREET MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gutierrez, Rodolfo 10140 NW 5th Street Doral, FL 33178 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 03/18/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	