

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90069 008 ***150.00

DOCUMENT # P01000023504

1. Entity Name
EQUIFER, INC.



Principal Place of Business
1731 CARPETERE DRIVE
ORLANDO, FL 32824 US

Mailing Address
1731 CAPESTERRE DRIVE
ORLANDO, FL 32824 US

DO NOT WRITE IN THIS SPACE



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3710423

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, FRANCIA
1731 CARPETERE DR.
ORLANDO, FL 32824

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FERNANDEZ, JOSE HIDALGO
STREET ADDRESS	1731 CARPETERE DR.
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	VP
NAME	FERNANDEZ, FRANCIA
STREET ADDRESS	1731 CARPETERE DR.
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	T
NAME	MARIN, NUBYA
STREET ADDRESS	1731 CARPETERE DR.
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	S
NAME	FERNANDEZ, HIDALGO
STREET ADDRESS	1731 CARPETERE DR.
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Francia Fernandez 4/30/07 407 414 3044