



2004 EQR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P01000029742 |  |
| 1. Entity Name EZ FUNDING ASSOCIATION INC. | |

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| Principal Place of Business 3050 BISCAYNE BLVD STE 300 MIAMI, FL 33137 | Mailing Address 3050 BISCAYNE BLVD STE 300 MIAMI, FL 33137 |
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DO NOT WRITE IN THIS SPACE

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| 01072004 | No Chg-P CR2E034 (10/03) |
| 4. FEI Number 65-1085071 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC 941 4TH STREET #200 MIAMI BEACH, FL 33139 |
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**DO NOT WRITE
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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C GOLDSBY, DEAN 3050 BISCAYNE BLVD., STE 300 MIAMI, FL 33137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MCKNIGHT, IRBY 3050 BISCAYNE BLVD., STE 300 MIAMI, FL 33137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROMANI, BARBARA 3050 BISCAYNE BLVD STE 300 MIAMI, FL 33137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FINNIE, BRYAN 3050 BISCAYNE BLVD STE 300 MIAMI, FL 33137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KLUGER, ELEANOR 3050 BISCAYNE BLVD., STE 300 MIAMI, FL 33137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CAREY, RODNEY 3050 BISCAYNE BLVD STE 300 MIAMI, FL 33137 |

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IN THIS SPACE**

U000000027420
02/03/04-80046-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

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|--|----------------------|--------------------------------------|
| SIGNATURE:  | Date: 1/26/05 | Daytime Phone #: 305-372-7628 |
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