## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # P01000098628

1. Entity Name

EQUITY PARTNERS TEN, INC.



Principal Place of Business 3125 W. COMMERCIAL BLVD.

SUITE 100

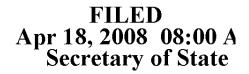
FT. LAUDERDALE, FL 33309

Mailing Address

3125 W. COMMERCIAL BLVD.

SUITE 100

FT. LAUDERDALE, FL 33309





04082008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1145150 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAHAN, DAVID 3125 W. COMMERCIAL BLVD. SUITE 100

FT. LAUDERDALE, FL 33309

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	ove named entity submits this statement for the p ligations of registered agent	urpose of changing its registered office or register	red agent, or both, in th	e State of Florida. I am familiar with, and accept
SIGNATURE				
	FILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee will be \$550.00		.00 May Be ded to Fees	
10.	OFFICERS AND DIRECTORS		• • • • • • • • • • • • • • • • • • • •	
TITLE	PD			HAAAAAACEAC

DANZANSKY, BERNARD NAME STREET ADDRESS 3125 W. COMMERCIAL BLVD., SUITE 100 FORT LAUDERDALE, FL 33309 CITY-ST-7IP VPSD TITLE KAHAN, DAVID NAME STREET ADDRESS 3125 W. COMMERCIAL BLVD., SUITE 100 CITY-ST-ZIP FORT LAUDERDALE, FL 33309 TITLE LEON, SCOTT NAME STREET ADDRESS 3125 W. COMMERCIAL BLVD., SUITE 100 FORT LAUDERDALE, FL 33309 CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME

U00000905505 05/01/08-80057-007 150.00

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12. I hereby certify that the information supplied with this tiling 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 of 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 life empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/0

954-548-3900

Daytime Phone #