H02000060940

UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -3 AM 11:07

DOCUMENT # P02000030888

Entity Name

Equity Answers & Investment Inc.

REINSTATEMENT 03

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
1 419 N. Lakeside Drive	26 419 N. Lakeside Drive	26-0057667	Applied For / Not Applicable
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 26		
City & State 3 Lake Worth FL	City & State 27 Lake Worth FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 4 33460 County 25 Palm Beach	Zip 28 33460 County Palm Beach		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Corporate Creations Network Inc. 941 Fourth Street #200 Miami Beach, FL 33139	81 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☐	FILE NOW!!! FEE IS $150.00 After MAY 1, 2000 Fee will be $550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May be added to Fees

11. OFFICERS AND DIRECTORS			12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
				☐ Change ☐ Addition
TITLE	P,D	☐ DELETE	1.1 TITLE	200025426842
NAME	Mark Lopez		1.2 NAME	12/11/03--01060--021 **150.00
STREET ADDRESS	419 N. Lakeside Drive		1.3 STREET ADDRESS	
CITY-ST-ZIP	Lake Worth, FL 33460		1.4 CITY-ST-ZIP	
				☐ Change ☐ Addition
TITLE		☐ DELETE	2.1 TITLE	
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
				☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE	
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
				☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE	
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
				☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE	
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
				☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

13. I do 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 annual report or supplemental annual 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 11 or Block 12, or on attachment with an address.

SIGNATURE Mark Lopez, Director 11-26-03 561-541-2654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Equity Answers & Investment Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 150.00 check payable to Florida Department of State

We never received the 2003 Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: _____
Mark Lopez, Director

Name: Mark Lopez

Title: President

Date: 11-26-03