2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 21, 2004 8:00 am
Secretary of State

06-14-2004 90002 007 ***150.00
07-21-2004 90026 001 ***400.00

44049200

MOORE CR2E034 (11/03)

DOCUMENT # P02000068971

1. Entity Name
EQUICOVE II, INC.

Principal Place of Business	Mailing Address
9200 SOUTH DADELAND BLVD. SUITE 500 MIAMI FL 33156	9200 SOUTH DADELAND BLVD. SUITE 500 MIAMI FL 33156

2. Principal Place of Business	3. Mailing Address
Suite/Apt.#/etc.	4510 Belleview St Suite/Apt.#/etc. Suite 100
City & State	City & State Kansas City MO
Zip / Country	Zip 64111 / Country USA

4. FEI Number 05-0524628 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIELMAN, ROBERT E 9200 SOUTH DADELAND BLVD. SUITE 500 MIAMI FL 33156	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P SPIELMAN, ROBERT 9200 SOUTH DADELAND BLVD. MIAMI FL 33156 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Add: Suite 500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ 2/10/04 305-670-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #