

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90033 002 ***158.75

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DOCUMENT # P02000095084 1. Entity Name EQUAN, INC.					
Principal Place of Business 7500 S.W 59TH PLACE 215 MIAMI, FL 33143 US			Mailing Address P.O BOX 140743 CORAL GABLES, FL 33114 US		
2. Principal Place of Business 1111 BRICKELL AVENUE Suite, Apt. #, etc. 1100		3. Mailing Address Suite, Apt. #, etc. City & State MIAMI, FLORIDA		4. FEI Number 05-0532152	
City & State MIAMI, FLORIDA		City & State Zip 33131		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent MALPARTIDA, FRANK F 7500 S.W 59TH PLACE 215 MIAMI, FL 33143			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		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: <i>Frank F. Malpartida</i> FRANK F. MALPARTIDA 4/2/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALPARTIDA, FRANK F <input type="checkbox"/> Delete 7500 S.W 59TH PLACE, SUITE 215 MIAMI, FL 33143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MALPARTIDA, FRANK F 1111 BRICKELL AVENUE, SUITE 1100 MIAMI, FLORIDA 33131 USA	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Frank F. Malpartida</i> FRANK F. MALPARTIDA 4/2/2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					