


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90014 032 ***150.00

DOCUMENT # P03000003761			
1. Entity Name EQUITABLE PROPERTIES INC			
Principal Place of Business 1875 EAST SUNRISE BLVD 802 FT LAUDERDALE FL 33304		Mailing Address 1875 EAST SUNRISE BLVD 802 FT LAUDERDALE FL 33304	
2. Principal Place of Business EQUITABLE PROPERTIES INC. 3333 W. Commercial Blvd., #113 City Ft. Lauderdale, FL 33309		3. Mailing Address EQUITABLE PROPERTIES INC. 3333 W. Commercial Blvd., #113 City & State Ft. Lauderdale, FL 33309	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PRESTIGE ACCOUNTING & TAXES 3600 N STATE RD 7 200E LAUDERDALE LAKES FL 33309		7. Name and Address of New Registered Agent Name DAVE JOHN CPA Street Address (P.O. Box Number is Not Acceptable) 4000 N. STATE RD 7 #402 City FT. LAUDERDALE FL Zip Code 33309	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 2/28/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 GILL, WADE A 5120 NW 65 AVE LAUDERHILL FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/05)

4. FEI Number **13-4231816** Applied For ☐ Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/06 **(954) 733-5219**
Date Daytime Phone #