

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000002799

1. Entity Name
EQUISPORT PROPERTIES, INC.



FILED
May 02, 2008 08:00 AM
Secretary of State

Principal Place of Business

205 WORTH AVENUE
303
PALM BEACH, FL 33480 US

Mailing Address

205 WORTH AVENUE
303
PALM BEACH, FL 33480 US



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0557664

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRIAN, PHILIPPE J
205 WORTH AVENUE
303
PALM BEACH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000945395
05/30/08-80006-014 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPTS
BRIAN, PHILIPPE J
205 WORTH AVENUE SUITE 303
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing 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 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: Philippe J. Brian PHILIPPE J. BRIAN 04/30/08 561 214 44 45
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #