2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 31, 2005 8:00 am
Secretary of State
04-26-2005 90144 040 ***150.00

66020055

1st MOORE CR2E034 (10/04)

DOCUMENT # P04000046529

1. Entity Name

ESSENTIAL DESIGNS BY EQUILIBRIUM INC.

Principal Place of Business	Mailing Address
2760 W 84 STREET STE #9 HIALEAH FL 33016	2760 W 84 STREET STE #9 HIALEAH FL 33016

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0883634 ☐ 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
GONCALVES, ZULEIMA N 14330 SW 33 CT MIRAMAR FL 33027	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 GONCALVES, ZULEIMA N 14330 SW 33 CT MIRAMAR FL 33027	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Goncalves, Zuleima N 14330 SW 33 ct MIRAMAR FL 33027	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GONCALVES, OLGARIO 14330 SW 33 CT MIRAMAR FL 33027	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Goncalves, OLGARIO 14330 SW 33 ct MIRAMAR FL 33027	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS MORALES, JAVIER R 17455 NW 87 CT MIAMI FL 33018	☐ 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
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

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: _____ President 305-6084764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #