

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121261

Entity Name: EQUITRADE CORP

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

11794 DONATO DRIVE
JACKSONVILLE, FL 32226

Current Mailing Address:

11794 DONATO DRIVE
JACKSONVILLE, FL 32226

New Principal Place of Business:

10752 DEERWOOD PARK BLVD SOUTH
SUITE 100
JACKSONVILLE, FL 32256

New Mailing Address:

10752 DEERWOOD PARK BLVD SOUTH
SUITE 100
JACKSONVILLE, FL 32256

FEI Number: 56-2476902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOURE, DJIBRIL
11794 DONATO DRIVE
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

TOURE, DJIBRIL
10752 DEERWOOD PARK BLVD SOUTH
SUITE 100
JACKSONVILLE, FL 32256 US

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.

SIGNATURE:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOURE, DJIBRIL
Address: 11794 DONATO DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP () Delete
Name: COTE, PATRICE R
Address: 6214 LAKE TAHOE DRIVE
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP () Delete
Name: PATTEN, CARL
Address: 11794 DONATO DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP () Delete
Name: HALLETT, ROBERT
Address: 11794 DONATO DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP () Delete
Name: GUERRIER, AGENOR
Address: 5525 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TOURE, DJIBRIL
Address: P.O. BOX 551660
City-St-Zip: JACKSONVILLE, FL 32255

Title: VP (X) Change () Addition
Name: COTE, PATRICE R
Address: P.O. BOX 551660
City-St-Zip: JACKSONVILLE, FL 32255 US

Title: VP (X) Change () Addition
Name: PATTEN, CARL
Address: P.O. BOX 551660
City-St-Zip: JACKSONVILLE, FL 32255 US

Title: VP (X) Change () Addition
Name: HALLETT, ROBERT
Address: P.O. BOX 551660
City-St-Zip: JACKSONVILLE, FL 32255

Title: VP (X) Change () Addition
Name: GUERRIER, AGENOR
Address: P.O. BOX 551660
City-St-Zip: JACKSONVILLE, FL 32255 US

Title: P () Change (X) Addition
Name: ADAMS, ARTHUR
Address: P.O. BOX 551660
City-St-Zip: JACKSONVILLE, FL 32255 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DJIBRIL TOURE

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date