

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90084 036 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <b>704000172399</b>					
1. Entity Name					
EQUIADE, INC.					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business		3. Mailing Address			
627 Pinellas Street					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Clearwater, FL				02-0735442	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33756					
<b>DO NOT WRITE IN THIS SPACE</b>				7. Name and Address of Current Registered Agent	
				Name	
				Karen Kaplan	
				Street Address (P.O. Box Number is Not Acceptable)	
				2110 Drew Street	
				Makris Plaza	
				City	Zip Code
				Clearwater	33765
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					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11.		
TITLE	President	TITLE		<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	Ernest A Pecoraro	NAME			
STREET ADDRESS	11 San Marco Street #1102	STREET ADDRESS			
CITY-ST-ZIP	Clearwater, FL 33767	CITY-ST-ZIP			
TITLE	Treasurer	TITLE		<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	Nydia Pecoraro	NAME			
STREET ADDRESS	11 San Marco Street #1102	STREET ADDRESS			
CITY-ST-ZIP	Clearwater, FL 33767	CITY-ST-ZIP			
TITLE		TITLE		<b>DO NOT WRITE IN THIS SPACE</b>	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Ernest A Pecoraro</i>		Ernest A Pecoraro		4/21/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		(727) 582-2832	
				Daytime Phone #	