

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90019 030 ***150.00

DOCUMENT # P05000034836																																	
1. Entity Name EQ AVENUE, CORP																																	
Principal Place of Business 9224 BTRON AVE. SURFSIDE, FL 33154			Mailing Address 9224 BTRON AVE. SURFSIDE, FL 33154																														
2. Principal Place of Business 9224 BYRON AVE		3. Mailing Address 9224 BYRON																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																															
City & State SURFSIDE FLORIDA		City & State SURFSIDE FLORIDA		4. FEI Number 20-2454721																													
Zip 33154		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent QUINTAS, ESTEBAN 9224 BTRON AVE. SURFSIDE, FL 33154			7. Name and Address of New Registered Agent Name QUINTAS ESTEBAN Street Address (P.O. Box Number is Not Acceptable) 9224 BYRON City SURFSIDE FL Zip Code 33154																														
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP DPS QUINTAS, ESTEBAN 9224 BTRON AVE. SURFSIDE, FL 33154 </td> <td style="width: 50%; padding: 5px;"> <input checked="" type="checkbox"/> Delete </td> <td style="width: 50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP DPS QUINTAS ESTEBAN 9224 BYRON AVE SURFSIDE, FL 33154 </td> <td style="width: 50%; padding: 5px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP DPS QUINTAS, ESTEBAN 9224 BTRON AVE. SURFSIDE, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DPS QUINTAS ESTEBAN 9224 BYRON AVE SURFSIDE, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	
Date _____ Daytime Phone # _____																																	