

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000043080

Entity Name: EQUIVEST, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

8930 W. STATE ROAD 84
170
DAVIE, FL 33324

New Principal Place of Business:

9032 SW 152 STREET
MIAMI, FL 33157

Current Mailing Address:

8930 W. STATE ROAD 84
170
DAVIE, FL 33324

New Mailing Address:

FEI Number: 14-1925451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DARYL L
15820 SW 98 COURT
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, DARYL L
Address: 15820 SW 98 COURT
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: JAMES, SEBRINA
Address: 8930 STATE ROAD 84 #170
City-St-Zip: DAVIE, FL 33324

Title: T () Delete
Name: WEBB, JOSEPH
Address: 6401 SW 87TH AVE SUITE 121
City-St-Zip: MIAMI, FL 33173

Title: S () Delete
Name: JAMES, SEBRINA
Address: 8930 STATE ROAD 84 #170
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SEBRINA JAMES

VP

04/30/2008

Electronic Signature of Signing Officer or Director

Date