

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000060516

FILED
Apr 03, 2009
Secretary of State

Entity Name: EQUINOX CORP. APPRAISAL SERVICES

Current Principal Place of Business:

8710 W. HILLSBOROUGH AVE.
#262
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

8710 W. HILLSBOROUGH AVE.
#262
TAMPA, FL 33615

New Mailing Address:

FEI Number: 26-2846472 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FAMIGLIETTI, ANGEL
7930 BAY POINTE DR.
B-26
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

FAMIGLIETTI, ANGEL
8710 W. HILLSBOROUGH AVE.
#262
TAMPA, FL 33615 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: ANGEL FAMIGLIETTI

04/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FAMIGLIETTI, ANGEL
Address: 7930 BAY POINTE DR. #B-26
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FAMIGLIETTI, ANGEL
Address: 8710 W. HILLSBOROUGH AVE. #262
City-St-Zip: TAMPA, FL 33615

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: ANGEL FAMIGLIETTI

P

04/03/2009

Electronic Signature of Signing Officer or Director

Date