


May 04,
Secri

DOCUMENT # P93000086229 1. Entity Name EQUITY FINANCIAL MORTGAGE GROUP, INC.	
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Principal Place of Business 5901 NW 151ST ST., #211 MIAMI LAKES, FL 33014 US	Mailing Address 5901 NW 151ST ST., #211 MIAMI LAKES, FL 33014 US
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04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

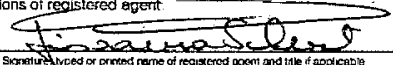
4. FEI Number 65-0454351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHMIDT, GIOVANNA
8841 NW 189 TERRACE
MIAMI, FL 33018

**DO NOT WRITE
IN THIS SPACE**

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:  4/28/06
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANONI-SCHMIDT, GIOVANNA 5901 NW 151ST ST., #211 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, JACQUES P 5901 NW 151ST ST., #211 MIAMI LAKES, FL 33014
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05/19/06-80026-012 150.00

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IN THIS SPACE**

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:  4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #