

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90142 050 \*\*\*150.00

**DOCUMENT # P94000077451**

1. Entity Name

FIRST EQUITY GROUP, INC.



Principal Place of Business

1761 W HILLSBORO BLVD  
SUITE #203  
DEERFIELD BEACH FL 33442  
US

Mailing Address

4180 NW 6TH CT  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

5206 NW 28 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE FLORIDA

Zip

Country

33063

Country

BROWARD

4. FEI Number

65-0530092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

BAKER, DOUGLAS  
1761 W HILLSBORO BLVD  
#203  
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name: BAKER, DOUGLAS

Street Address (P.O. Box Number is Not Acceptable)

5206 NW 28 ST

City: MARGATE

FL

Zip Code: 33063

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]*

DOUGLAS BAKER, DSV

4.6.05

(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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DPT  
NAME: ALONZO, MARCO D  
STREET ADDRESS: 3300 N. PORT ROYAL DR APT 349  
CITY-ST-ZIP: FT. LAUDERDALE FL ☐ Delete

TITLE: DSVP  
NAME: BAKER, DOUGLAS R  
STREET ADDRESS: 5206 N.W. 28 STREET  
CITY-ST-ZIP: MARGATE FL ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
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TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* DSV

4-6-05

954-821-2609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #