


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P95000046733</b>	
1. Entity Name EQUITY VENTURES REALTY, INC.	

Principal Place of Business 3125 W. COMMERCIAL BLVD. SUITE 100 FT LAUDERDALE, FL 33309 US	Mailing Address 3125 W. COMMERCIAL BLVD. SUITE 100 FT LAUDERDALE, FL 33309 US
--	--

**DO NOT WRITE IN THIS SPACE**



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0585169	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BERNARD K. DANZANSKY  
3125 W. COMMERCIAL BLVD.  
SUITE 100  
FT LAUDERDALE, FL 33309

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DANZANSKY, BERNARD K 3125 W. COMMERCIAL BLVD., SUITE 100 FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LEON, SCOTT 3125 W. COMMERCIAL BLVD., SUITE 100 FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KAHAN, DAVID 3125 W. COMMERCIAL BLVD., SUITE 100 FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

0000000005495  
05/01/08-80057-002 150.00

**DO NOT WRITE 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:** DAVID KAHAN 4/17/08 954-548-3900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #