## 2008 FOR PROFIT CORPORATION

## Apr 11, 2008 08:00 Al Secretary of State **ANNUAL REPORT DOCUMENT # P97000024747 EQUITY INVESTMENT CORPORATION** Principal Place of Business Mailing Address 877 NE JENSEN BEACH BLVD. 877 NE JENSEN BEACH BLVD. JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 ideo (al destribute de la fill de proprieta de la como 01292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3434295 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GRUNBAUM, CHARLES 877 NE JENSEN BEACH BLVD. JENSEN BEACH, FL 34957 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be U000000891203 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS A Part of the second of the se 10. TITLE NAME GRUNBAUM, CHARLES STREET ADDRESS 877 NE JENSEN BEACH BLVD. CITY-ST-ZIP JENSEN BEACH, FL 34957 TITLE GRUNBAUM, VIVIAN NAME 877 NE JENSEN BEACH BLVD. STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL 34957 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I nereby 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**