

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000095786**  
 1. Entity Name  
**FIRST EQUITY FUNDING, CORP.**



Principal Place of Business  
 2331 N STATE ROAD 7 #120  
 LAUDERHILL, FL 33313

Mailing Address  
 2331 N STATE ROAD 7 #120  
 LAUDERHILL, FL 33313



05142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0795462 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 H & C PROFESSIONAL SVS INC  
 2331 N STATE ROAD 7 #120  
 LAUDERHILL, FL 33313

**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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000160807  
 05/18/04-80004-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBINSON, LLOYD G 2331 N STATE ROAD 7 #120 LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: \_\_\_\_\_ DATE: 1/1/04 954-485-7108 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR