


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90049 042 ***150.00

DOCUMENT # P98000022926 1. Entity Name EQUITABLE FINANCIAL GROUP, INC.	
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Principal Place of Business 633 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33301	Mailing Address 633 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33301
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00010509



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0899883	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

SPUTE, H. WILLIAM JR.
633 SOUTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33301

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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 \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPUTE, WILLIAM H JR. 6978 NW 62ND TERRACE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, STUART 20191 E. COUNTRY CLUB DR #PH7 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, JAMES D 5420 SW 134 DR MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, NORMAN S 16025 W. PRESTWICK PL HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, JOHN D 1 LOS OLAS BLVD., #511 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASUR, WAYNE K 2680 HUNTER CT FORT LAUDERDALE, FL 33331

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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: LEN KARGADON S.O.P. 1/28/05 9545742265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #