

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90006 047 ***150.00

DOCUMENT # P98000023673

1. Entity Name
THE EQUITY HOLDING GROUP II, INC.



Principal Place of Business

12400 SW 134 CT
STE 11
MIAMI, FL 33186

Mailing Address

12400 SW 134 CT
STE 11
MIAMI, FL 33186



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0089608

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JARRETT, MCIVAN
13105 SW 106 AVE
MIAMI, FL 33176

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PST**
NAME **MCIVAN, JARRETT**
STREET ADDRESS **~~6223 SW 148 PL~~ 13105 SW 106 Ave**
CITY-ST-ZIP **~~MIAMI, FL 33186~~ Miami, FL 33176**

TITLE **VP**
NAME **Joy LEACOCK - Jarrett**
STREET ADDRESS **13105 SW 106 Ave**
CITY-ST-ZIP **Miami, FL 33176**

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/04

305-971-5370

Date

Daytime Phone #