


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 A
Secretary of State

DOCUMENT # P99000040070

1. Entity Name
EQUEXPORT INTERNATIONAL, INC.



Principal Place of Business 260 CRANDON BLVD STE. 32, PMB 102 KEY BISCAYNE, FL 33149	Mailing Address 260 CRANDON BLVD STE. 32, PMB 102 KEY BISCAYNE, FL 33149
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01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0916001 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GILBERT PEREZ, C.P.A.
 1719 SOUTH ANDREWS AVE #E
 FORT LAUDERDALE, FL 33316**

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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: Gilbert Perez DATE: 1/28/2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSTD CORDOVEZ, GONZALO G 260 CRANDON BLVD, STE. 32, PMB 102 KEY BISCAYNE, FL 33149
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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: [Signature] DATE: 1/28/2005 DAYTIME PHONE #: 305-735-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR