2003 FOR PROFIT CORPORATION

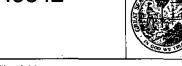
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE:

P99000049642

1. Entity Name EQUIDAE INVESTMENTS, INC.



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91169 046 ***150.00

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	ΔV

Principal Place of Business 4689 S.W. 72ND AVENUE MIAMI FL 33155 Mailing Address 4689 S.W. 72ND AVENUE MIAMI FL 33155									
2. Principal Place of Business			3. Mai	3. Mailing Address			-		
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State			City	City & State			4.	FEI Number 65-0933526 Applied For Not Applicable	
- Zip		Country	Zip	Zip Coun		try	5. (5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name	and Address of Curren	t Registere	ed Agent			7. 1	Name and Address of New Registered Agent	
GUTIERREZ, NICOLAS JR. ESQ C/O RAFFERTY, GUITERREZ & SANCHEZ-ABALLI					Name Street Address (P.O. Box Number is Not Acceptable)				
1101 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131						City FL Zip Code			
	ions of registe					ed office or regi	_	pent, or both, in the State of Florida. I am familiar with, and accept	
After Make Check	May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department	of State			***************************************		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.c.	D	OFFICERS AND	DIRECTO		11.		AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	LARSON, F	72ND AVENUE	NA St			i		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP.	D LARSON, E 4689 S.W. MIAMI FL 3	72ND AVENUE		Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete		t		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition	
12. I hereby condition indicated of the condition changed,	ertify that the on this report poration or the or on an attac	information supplied wit or supplemental report receiver of trustee emp hment with an address.	n this filing s true and a owered to with all oth	does not qualify for accurate and that in execute this report er its empowered.	the exer ny signat as requir	mption stated in ure shall have the ed by Chapter (Section 1 he same l 607, Florid	119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director da Statutes; and that my name appears in Block 10 or Block 11 if	

FICER OR DIRECTOR