

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90246 005 \*\*\*150.00

**DOCUMENT # P99000056836**

1. Entity Name

EQUION CORPORATION



Principal Place of Business

2221 NE 202 STREET  
MIAMI FL 33180  
US

Mailing Address

2221 NE 202 STREET  
MIAMI FL 33180  
US

01000430



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

P.O. 85055

Suite, Apt. #, etc.

10

City & State  
HALLANDALE, FL

Zip  
33008

Country  
BROWARD

4. FEI Number  
65-0967369

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BIRNHOLZ, JACK  
2221 NE 202 STREET  
MIAMI FL 33180

7. Name and Address of New Registered Agent

Name  
ALLAN L. KORES

Street Address (P.O. Box Number is Not Acceptable)  
137 GOLDEN ISLES DR. #706

City  
HALLANDALE

FL

Zip Code  
33009

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 ALLAN L. KORES PRES. Allan L. Kores

4/14/04

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**

**Make Check Payable to Florida Department of State**

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  
PSD  
KORES, ALLAN L  
2221 NORTHEAST 202ND STREET  
MIAMI FL 33180 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
BIRNHOLZ, JACK  
2221 NORTHEAST 202ND STREET  
MIAMI FL 33180 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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: Allan L. Kores (ALLAN L. KORES) PRES.

4/14/04

954-288-0820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #