

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000097956

1. Entity Name
EQUITY TECHNOLOGY GROUP, INC.



Principal Place of Business
**530 S. FEDERAL HWY, STE. 150
DEERFIELD BEACH FL 33441**

Mailing Address
**530 S. FEDERAL HWY, STE. 150
DEERFIELD BEACH FL 33441**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0968068** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**PERRY, MARK ESQ.
2455 E. SUNRISE BOULEVARD, SUITE 905
FORT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 obligation of, the registered agent.

SIGNATURE _____

(Signature of the registered agent or the entity's authorized representative)

(Signature of Registered Agent required when re-elected)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Added to Fee

10. OFFICERS AND DIRECTORS

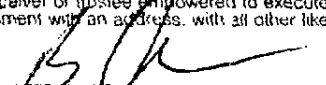
TITLE	CCB	☐ Delete
NAME	ASARE, BEADROS	
STREET ADDRESS	1924 NE 3RD ST #9	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		☐ Delete
NAME		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

U00000516561 ☐ Change ☐ Add
05/01/06-80009-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **BEADROS ASARE** **4-12-06** **954**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **360**