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Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90100 004 ***550.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000109073

1. Entity Name
EQUITY VENTURES GROUP, INC.

50057447

Principal Place of Business	Mailing Address
22154 MARTELLA AVE BOCA RATON, FL 33433	22154 MARTELLA AVE BOCA RATON, FL 33433

07142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1314 E. LAS OLAS BLVD	1314 E. LAS OLAS BLVD
Suite, Apt. #, etc.: SUITE 1030	Suite, Apt. #, etc.: SUITE 1030
City & State: FT. LAUDERDALE, FL	City & State: FT. LAUDERDALE, FL
Zip: 33301 Country: USA	Zip: 33301 Country: USA

4. FEI Number: 65-0995426 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDSTEIN, PETER 22154 MARTELLA AVE BOCA RATON, FL 33433	Name: COLETTE KIM Street Address (P.O. Box Number is Not Acceptable): 1314 E. LAS OLAS BLVD, STE 1030 FT. LAUDERDALE, FL City FL Zip Code 33301

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] DATE 7/15/05

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

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIM, COLETTE T 22154 MARTELLA AVE BOCA RATON, FL 33433	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, TREASURER, SD KIM, COLETTE T 1314 LAS OLAS BLVD, STE 1030 FT. LAUDERDALE, FL 33301	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GOLDSTEIN, PETER J 22154 MARTELLA AVENUE BOCA RATON, FL 33433	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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: [signature] 7/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #