

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000037096

FILED  
Mar 28, 2009  
Secretary of State

Entity Name: EQUALITY FINANCIAL SERVICES INC.

**Current Principal Place of Business:**

949 SW COMMONWEALTH ROAD  
PORT ST. LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

949 SW COMMONWEALTH ROAD  
PORT ST. LUCIE, FL 34953 US

**New Mailing Address:**

FEI Number: 26-2402940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIAZ, KESHA  
949 SW COMMONWEALTH ROAD  
PORT ST. LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

DIAZ, KESHA M  
949 SW COMMONWEALTH ROAD  
PORT ST. LUCIE, FL 34953 US

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.

SIGNATURE: KESHA M. DIAZ

03/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DIAZ, ANGEL  
Address: 10063 SW GLENBROOK DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: VPD ( ) Delete  
Name: DIAZ, KESHA  
Address: 949 SW COMMONWEALTH ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DIAZ, ANGEL  
Address: 949 SW COMMONWEALTH RD  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KESHA M DIAZ

VPD

03/28/2009

Electronic Signature of Signing Officer or Director

Date