

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000011138

**Entity Name:** EQUIMORTGAGE BANKERS, CORP.

**Current Principal Place of Business:**

6839 MAIN STREET  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

6839 MAIN STREET  
MIAMI LAKES, FL 33014

**FEI Number:** 20-8305353

**Certificate of Status Desired:** No

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

OLIN, DAISY JPS  
6839 MAIN ST  
MIAMI LAKES, FL 33014 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PS  
Name OLIN, DAISY JPS  
Address 3963 SW 189 AVE  
City-State-Zip: MIRAMAR FL 33029

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAISY J. OLIN

**PRESIDENT**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date