

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000000959

**FILED**  
**Apr 19, 2018**  
**Secretary of State**  
**CC5788391921**

**Entity Name:** EQUALCROSS LIMITED CORPORATION

**Current Principal Place of Business:**

1990 MAIN STREET  
SUITE 801  
SARASOTA, FL 34236

**Current Mailing Address:**

1990 MAIN STREET  
SUITE 801  
SARASOTA, FL 34236

**FEI Number:** 98-0143868

**Certificate of Status Desired:** No

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

GLENDINNING, RENE MRS  
1990 MAIN STREET  
SUITE 801  
SARASOTA, FL 34236 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:** RENE GLENDINNING

04/19/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DS  
Name HARDING, ALVIN ARTHUR  
CHARTERED ACCOUNTANT  
Address PINE LODGE  
CLAY HEAD ROAD  
City-State-Zip: BALDRINE BRITISH ISLES IM4 6DH

Title D  
Name MIDDLETON, JOHN CHARTERED  
SECRETARY  
Address 6 BIRCH HILL GROVE  
City-State-Zip: ONCHAN BRITISH ISLES IM3 4EJ

Title DIRECTOR  
Name HARDING, ANDREW MURRAY  
CERTIFIED ACCOUNTANT  
Address MEADOW VIEW, MOUNT RULE ROAD  
STRANG  
City-State-Zip: DOUGLAS IM4 4TD

*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:** ALVIN HARDING

**DIRECTOR**

04/19/2018

Electronic Signature of Signing Officer/Director Detail

Date