


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J24747</b> <small>Company Name</small> <b>GENERAL STAIR CORPORATION</b>	
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<small>Principal Place of Business</small> <b>690 W. 83 STREET</b> <b>HIALEAH, FL 33014</b>	<small>Mailing Address</small> <b>660 W. 83 STREET</b> <b>HIALEAH, FL 33014</b>
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01152007 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 59-2705429	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BEHAR, SABY  
 690 W 83 STREET  
 HIALEAH, FL 33014

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
<small>TITLE</small>	PSD
<small>NAME</small>	BEHAR, SABY
<small>STREET ADDRESS</small>	690 W 93 STREET
<small>CITY-ST-ZIP</small>	HIALEAH, FL 33014
<small>TITLE</small>	D
<small>NAME</small>	VAINSTEIN, GODY
<small>STREET ADDRESS</small>	10840 GRIFFING ROAD
<small>CITY-ST-ZIP</small>	NORTH MIAMI, FL 33161
<small>TITLE</small>	T
<small>NAME</small>	VAINSTEIN, MOISES
<small>STREET ADDRESS</small>	690 W. 83RD ST.
<small>CITY-ST-ZIP</small>	HIALEAH, FL 33014
<small>TITLE</small>	D
<small>NAME</small>	SCHAPIRO, JAIME
<small>STREET ADDRESS</small>	1150 KANE CONCOURSE 3RD FLR.
<small>CITY-ST-ZIP</small>	MIAMI BEACH, FL 33154
<small>TITLE</small>	
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/21/07  
 Daytime Phone #: 305-585-6254