2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# L00000000495

Entity Name: USA LIFT LLC

Current Principal Place of Business:

C/O JACK LEVINE, CPA
16855 N.E. 2ND AVE., SUITE 303
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

C/O JACK LEVINE, CPA
16855 N.E. 2ND AVE., SUITE 303
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-0974346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEVINE, JACK CPA
16855 N.E. 2ND AVENUE, SUITE 303
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GAVIGLIO, ENRIQUE
Address: C/O JACK LEVINE CPA 16855 NE 2ND AVE # 303
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM ( ) Delete
Name: GAVIGLIO, PABLO
Address: C/O JACK LEVINE CPA 16855 NE 2ND AVE #303
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES:

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

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GAVIGLIO, PABLO MGRM 04/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date