2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000025798 1. Entity Name					Apr 22, 2005 08:00 AM Secretary of State		
EZ LIFT [DOOR OPERATOR COMPAN	Y, INC.			Secreta	ly of State	
Principal Plac	e of Business	Mailing Address					
4700 NW 8 TERR FORT LAUDERDALE FL 33309		4700 NW 8 TERR FORT LAÜDERDALE FL 33309				Julium	
FORT LAUD	DEHDALE FL 33309	FORT LAUDERDALE	. FL 33309				
2. Principal Place of Business		3. Mailing Address		· · · · · · · · · · · · · · · · · · ·			
Suite, Apt. #, etc		Suite, Apt. #, etc.		1st MOORE	CR2E034 (10/04)		
City & State		City & State			4. FEI Number 65-1088054	1	pplied For lot Applicable
qiZ	Country	Zip Country			5. Certificate of Status Desired	S8.75 Ac Fee Requir	
	6. Name and Address of Current I	Registered Agent		Name	7. Name and Address of New R	egistered Agent	
CRA	AMMER, EDWIN L					<u>.</u>	→···
748	1 W OAKLAND PARK BLVD JDERHILL FL 33319	SUITE 102	5	Street Address (P.O. Box Number is Not Acceptable		·
			-	City		FL Zip Cod	de
	named entity submits this statement for tions of registered agent.	the purpose of changing	its registered c	office or register	ed agent, or both, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE .							
	Signature, typed or printed name of registered agent a	nd title if applicable (Ni	OTE Registered Age	ant signature required	when reinstating)	DATE	<u></u>
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of	State			9. Election Campa Trust Fund Con		.00 May Be led to Fees
10	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	SIN 11
UILE	PD PLANCE I A CARGO MA	☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS	BIANCHI, LOUIS M 238 ALGIERS AVENUE		NAME STREET AL	DORESS	ዘስሮሮስስን	าำกาก	-
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 333			ZIF	0000003 84/22/05-8	23698 0063 <u>-0</u> 14 150.	.00
TITLE	VPD	☐ Delete	THE			☐ Change	Addition
NAME			NAME				
CITY-ST-ZIP	• • • • • • • • • • • • • • • • • • • •		STREET AT CITY-ST-				
	SD	— ;; □ p.u.		Lit.		☐ Change	Addition
TITLE NAME	BIANCHI, LOUIS J	☐ Delete	HTLE NAME			☐ olialide	L Addition
STREET ADDRESS	4700 NW 8 TERR	1	STREET AD	DOFESS			
CITY - ST - ZIP	FORT LAUDERDALE FL 33309	<u> </u>	CITY-ST-	ZIP			
TITLE		☐ Delete	TITLE			Change	Addition
NAME						☐ Change	
			NAME			□ cuanâs	_
STREET ADDRESS			STREET AL	DDRESS		∐ citatige	
CITY-SI-ZIP		∏ Dalata	STREET AU CITY-ST-	DDRESS			<u>-</u>
		☐ Delete	STREET AL	DDRESS		Change	☐ Addition
CITY-ST-ZIP		☐ Delete	STREET AU CHTY-ST-	DDRFSS ZIP			<u>-</u>
CITY+ST-ZIP TITLE NAME		☐ Delete	STREET AU CITY-ST- TITLE NAME	DDRESS ZIP			<u>-</u>
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	STREET AU CITY-ST- TITLE NAME STREET AU	DDRESS ZIP			☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		, , , , , , , , , , , , , , , , , , , 	STREET AL CITY-ST- TILLE NAME STREET AL CITY-ST- TILLE NAME	DDRESS ZIP DDRESS ZIP		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		, , , , , , , , , , , , , , , , , , , 	STREET AU CHY-SI- TILE NAME STREET AU CHY-SI-	DDRESS ZIP DDRESS ZIP DDRESS		☐ Change	☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 all other like empowered.

GNATURE:

GNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dele Gayting Phone #

SIGNATURE: _

954.683-8730

₋ FILED