


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2705429	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BEHAR, SABY
690 W 83 STREET
HIALEAH, FL 33014

**DO NOT WRITE
IN THIS SPACE**

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**
Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

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

U00000645456
03/05/07-80007-025 150.00

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IN THIS SPACE**

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

Daytime Phone #

2/21/07 305-529-505