

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90064 042 ***150.00

DOCUMENT # 244362

1. Entity Name

LIFTER, INCORPORATED.



Principal Place of Business

18425 NW 2ND AVE #305
P.O. BOX 694645
MIAMI FL 33169

Mailing Address

18425 NW 2ND AVE #305
P.O. BOX 694645
MIAMI FL 33169

50009918



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

17760 NW 2ND AVE # 200

3. Mailing Address

SAME AS PRINCIPAL

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

MIAMI

City & State

4. FEI Number

59-0976708

Applied For

Not Applicable

Zip

33169

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIFTER, BENNETT M.
18425 NW 2ND AVE #305
MIAMI FL. FL 33169

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

17760 NW 2ND AVE #200

City

MIAMI

FL

Zip Code

33169

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

Bennett M. Lifter

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LIFTER, BENNETT M.	
STREET ADDRESS	18425 NW 2ND AVE #305	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHELDON W. RUBIN	
STREET ADDRESS	17760 NW 2ND AVE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	17760 NW 2ND AVE #200
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	VICE-PRESIDENT
NAME	SHELDON W. RUBIN
STREET ADDRESS	17760 NW 2ND AVE #200
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 all other like empowered.

SIGNATURE:

Bennett M. Lifter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05

Date

Daytime Phone #