2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # 683076** 1. Entity Name 04-12-2004 90649 024 ***150.00 ATLANTIC ELEVATOR SALES & SERVICE, INC Mailing Address Principal Place of Business 1983 TIGERTAIL BLVD. 1983 TIGERTAIL BLVD. **DANIA FL 33004 DANIA FL 33004** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2024208 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHEN, STEPHAN L., ESQ. Street Address (P.O. Box Number is Not Acceptable) 801 41ST STREET 2ND FLOOR MIAMI BEACH FL 33140 Zip Code City FL 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DIRECTOR, CEO TITLE PD ☐ Delete **Change** ☐ Addition DAVIS, PERRY 1983 TIGERTAIL BLUD. DAVIS, PERRY NAME NAME 1983 TIGERTAIL BLVD STREET ADDRESS STREET ADDRESS DANIA FL. 33004 CITY-ST-ZIP DANIA FL 33004 CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BAN, NORMA NAME NAMAF 1983 TIGERTAIL BLVD STREET ADDRESS STREET ADDRESS DANIA FL 33004 CITY-ST-ZIP CITY-ST-ZIP PRESIDENT MICHAEL PACE BLUD, 1983 TIGERTAIL BLUD, TITLE ☐ Change **P** Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS DANIA. FL 33004 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND OF SIGNING OFFICER OR DIRECTOR

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.

FILED