## **,2004 FOR PROFIT CORPORATION**

ANNUAL REPURI				Apr 28, 2004 08:00 AM			
DOCUMENT # F44748  1. Entity Name			25	Apr 28, 2004 08:00 AM Secretary of State			
	N ELEVATOR CO., INC.						
Principal Plac	ce of Business	Mailing Address	J	1			
2435 N.W.		2435 N.W. 7TH COURT					
MIAMI, FL 3	33127-4209	MIAMI, FL 33127-4209					
						NI BINI NIKI NEKI NEKI NIKENI KAN	
	•	,					
				04232004 No	Chg-P CF	32E034 (10/03)	
	OO NOT WRITE	CE	4. FEI Number	·-·	Applied For		
				59-2126636		Not Applicable	
			C. 70.7	5. Certificate of Stat	us Desired 🔲	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	legistered Agent					
ROBINSON, DERRICK A. 14610 S.W. 80TH AVENUE				DO NO	T WRI	TE	
MIAMI, FL 33158			IN THIS SPACE				
				11/4 1 [7]	5 SPAC	<b>/</b> E	
	<del></del>				E 111.	<u></u>	
8. The above the obliga	enamed entity submits this statement for tions of registered agent.	the purpose of changing its register	red office or register	red agent, or both, in th	e State of Florida I	am familiar with, and accept	
SIGNATURE.					-		
	Signature, typed or printed name of registered agent as	id title if applicable (NOTE, Register)	od Agent signature required	when reinstating)	0.	ATE .	
FII After M	.E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	Election Campaign Fina     Trust Fund Contribution.		.00 May Be led to Fees			
10.	OFFICERS AND D	DIRECTORS		- <del></del>			
TITLE NAME	PD ROBINSON, DERRICK						
STREET ADDRESS	14610 S.W. 80TH AVE.		1				
CITY-ST-ZIP	MIAMI, FL		_]				
TITLE	STD BODINGON BALLETTE						
NAME STREET ADDRESS	ROBINSON, PAULETTE 14610 S,W. 80TH AVENUE		1		UPDOOD 1 O 4	dea	
CITY-ST-ZIP	MIAMI, FL			Đ4	.0000000139 128704-800	468 20-018 150.00	
TITLE			1	<b>.</b>	- American Committee of the Committee of	~~ ~~ 1,00 <b>.</b> 00	
NAME STREET ADDRESS							
CITY-ST-ZIP				DO NO	ot Wri	TE	
TITLE			IN THIS SPACE				
NAME STREET ADDRESS				114 111		al Research	
CITY-ST-ZiP							
TITLE	•	7.	1				
NAME STREET ADDRESS			i				
CITY-ST-ZIP							
TITLE			1				

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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone \*

Dayline Phone \*

NAME STREET ADDRESS CITY-ST-ZIP