2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G80610

1. Entity Name

MESA ELEVATOR SYSTEMS & ACCESSORIES, INC.



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

3190 S. STATE ROAD 7

#23-24 MIRAMAR, FL 33023 Mailing Address

3190 S. STATE ROAD 7

#23-24

MIRAMAR, FL 33023



DO I	TOP	WRITE	IN	THIS	SPA	CE
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04022008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2421555

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulard

6. Name and Address of Current Registered Agent

MESA, ANDRES 3568 LINCOLN WAY COOPER CITY, FL 33026

DO NOT WRITE IN THIS SPACE

COOPER CITY, FL 33026			IN THIS SPACE				
	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE Signature, typed or printed name of registered agent and tritle if applicable. (NOTE Registered Agent signature recuired when remistating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND DIREC	CTORS		*******	93758800000		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MESA, JAMES A 13555 157 COURT NORTH JUPITER, FL 33478				U00000683763 04/17/08-80016-023 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE							

12. I hereby certify that the information supplied with this filling 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 all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Lamore A. Mosa

Daytima Phone #