

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # K00943

1. Entity Name
MASTERLIFT, INCORPORATED



Principal Place of Business
**6600 NW 32ND AVE.
MIAMI, FL 33147**

Mailing Address
**6600 NW 32ND AVE.
MIAMI, FL 33147**

DO NOT WRITE IN THIS SPACE



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0251960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DAVIS, ROBERT H III
9875 NE 12TH AVE.
MIAMI SHORES, FL 33138**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	DAVIS, ROBERT H JR
STREET ADDRESS	384 NE 94TH ST
CITY-ST-ZIP	MIAMI SHORES, FL 33138

TITLE	V
NAME	DAVIS, WILLIAM A
STREET ADDRESS	405 NE 99 ST
CITY-ST-ZIP	MIAMI SHORES, FL 33138

TITLE	PTS
NAME	DAVIS, ROBERT H III
STREET ADDRESS	9875 NE 12TH AVE
CITY-ST-ZIP	MIAMI SHORES, FL 33138

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/05-80015-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05 305-691-9090
Date Daytime Phone #