

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 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**



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0251960** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 _____

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
After May 1, 2006 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
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U000000544432
05/11/06-80030-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-06 305-691-9090