

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 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**



04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0251960	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$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 _____

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, 2007 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	
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CITY-ST-ZIP	

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04/26/07-80085-011 150.00

**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 fees empowered.

SIGNATURE: Robert H. Davis III, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2007

Date

305-691-9090

Daytime Phone #