

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 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**



04222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0251960</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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, 2008 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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CITY-ST-ZIP	

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CITY-ST-ZIP	

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**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: Robert H. Davis III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

Date

305-691-9090

Daytime Phone #