2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K00943

Address:

City-St-Zip:

9875 NE 12TH AVE

MIAMI SHORES, FL 33138

Entity Name: MASTERLIFT, INCORPORATED

FILED Mar 30, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|--|----------------------------------|---|--|--|
| 6600 NW : MIAMI, FL | 32ND AVE. 33147 | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 6600 NW : MIAMI, FL | 32ND AVE. 33147 | | | | |
| FEI Number | : 65-0251960 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| 9875 NE 1 | OBERT H III 2TH AVE. ORES, FL 331 | 38 US | | | |
| | e named entity s e of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electron | ic Signature of Registered Ag | ent | Date | |
| Election Ca | mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | C () DAVIS, ROBER 384 NE 94TH S MIAMI SHORES | Т | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | V () DAVIS, WILLIAI 405 NE 99 ST MIAMI SHORES | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | PTS () DAVIS, ROBER | Delete T H III | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROBERT H DAVIS III PTS 03/30/2009