## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 13, 2005 08:00 AM **Secretary of State** DOCUMENT # L24252 1. Entity Name U.S. ELEVATOR TRADING COMPANY Principal Place of Business Mailing Address 9162 NW 148TH ST 9162 NW 148TH ST MAMI LAKES, FL 33018 MIAMI LAKES, FL 33018 CR2E034 (10/03) 03112005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0151321 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUTIERREZ, HECTOR H. DO NOT WRITE 9162 NW 148TH ST MIAMI LAKES, FL 33018 IN THIS SPACE 3. 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 otte if applicable (NOTE, Registered Agent signalure required when reinstating) U00000302953 04/13/05-80032-007 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE GUTIERREZ, HECTOR H. NAME STREET ADDRESS 9162 NW 148TH ST CITY-ST-ZIP MIAMI LAKES, FL 33018 TITLE NAME SERRANO, R. JULIAN STREET ADDRESS 6845 WILLOW WOOD DRIVE APT 3035 CITY-ST-ZIP BOCA RATON, FL 33434 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE NAME

## IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 type 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 trustes empoyered 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.

BUTIERREZ

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

305-5577804

**FILED** 

Daytime Phone 4