

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90046 014 ****61.25

DOCUMENT # N04000008783

1. Entity Name
HUMAN ELEVATION LOGISTICS & PROGRAMMING, INC.



Principal Place of Business

**C/O CLIFFORD FELDMAN
9744 NORTHWEST 66TH PLACE
PARKLAND, FL 33076**

Mailing Address

**C/O CLIFFORD FELDMAN
9744 NORTHWEST 66TH PLACE
PARKLAND, FL 33076**

DO NOT WRITE IN THIS SPACE



03102006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
43-2060344

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132**

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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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FELDMAN, CLIFFORD M
9744 NORTHWEST 66TH PLACE
PARKLAND, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FELDMAN, GLORIA
9744 NORTHWEST 66TH PLACE
PARKLAND, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CASE, PAULINE
11180 NORTHWEST 35TH STREET
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 617, 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

Clifford Feldman

3-23-06

Date

954 304 3170

Daytime Phone #