

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 26, 2007 08:00 AM
Secretary of State

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



01242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-2060344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

**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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE	D
NAME	CASE, PAULINE
STREET ADDRESS	11180 NORTHWEST 35TH STREET
CITY- ST- ZIP	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	

**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 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

Date

Daytime Phone #