

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075284

FILED
Apr 04, 2005
Secretary of State

Entity Name: ELEVATION TECHNOLOGIES CORPORATION

Current Principal Place of Business:

5383 SE MILES GRANT RD
UNIT B 204
STUART, FL 34997

New Principal Place of Business:

7601 SW LOST RIVER ROAD
STUART, FL 34997

Current Mailing Address:

5383 SE MILES GRANT RD
UNIT B 204
STUART, FL 34997

New Mailing Address:

7601 SW LOST RIVER ROAD
STUART, FL 34997

FEI Number: 20-0089074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDENAS, JOSE H
5383 SE MILES GRANT RD
UNIT B 204
STUART, FL 34997 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARDENAS, JOSE H
Address: 5383 SE MILES GRANT RD UNIT B 204
City-St-Zip: STUART, FL 34997

Title: V () Delete
Name: ORTIZ, BEATRIZ
Address: 5383 SE MILES GRANT RD UNIT B 204
City-St-Zip: STUART, FL 34997

Title: S () Delete
Name: CARDENAS, TATIANA
Address: 5383 SE MILES GRANT RD UNIT B 204
City-St-Zip: STUART, FL 34997

Title: T () Delete
Name: CARDENAS, MELINA
Address: 5383 SE MILES GRANT RD UNIT B 204
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: RIVAS, LEONARDO
Address: 5383 SE MILES GRANT RD., UNIT B-204
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: LEONARDO RIVAS

D

04/04/2005

Electronic Signature of Signing Officer or Director

Date