


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90035 043 ***150.00

DOCUMENT # P04000031264 1. Entity Name NATIONAL ELEVATOR, INC.	
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Principal Place of Business 5061 S. SR 7, U604 DAVIE, FL 33314	Mailing Address 5061 S. SR 7, U604 DAVIE, FL 33314
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40039232



02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0050751	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PESANTES, DIANE 5061 S. SR 7, U604 DAVIE, FL 33314
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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	PT PESANTES, DIANE 5061 S. SR 7, U604 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD PESANTES, DIANE 5061 S. SR 7, U604 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SLACK, KENNETH 5061 S. SR 7, U604 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, NELSON 5061 S. SR 7 U-604 DAVIE, FL 33314
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 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.

SIGNATURE:

Diane Pesantes President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/08 954-347-
Date Daytime Phone # *4930*