

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000042430

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE MANAGEMENT ESCALATOR INC.

Current Principal Place of Business:

1901 S OAK HAVEN CIR
N MIAMI BCH, FL 331792834

New Principal Place of Business:

1901 S OAK HAVEN CIR
MIAMI, FL 331792834

Current Mailing Address:

1901 S OAK HAVEN CIR
N MIAMI BCH, FL 331792834

New Mailing Address:

1901 S OAK HAVEN CIR
MIAMI, FL 331792834

FEI Number: 20-0876095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEIN, CAROLYN
1901 S OAK HAVEN CIR
N MIAMI BCH, FL 331792834 US

Name and Address of New Registered Agent:

STEIN, CAROLYN
1901 S OAK HAVEN CIR
MIAMI, FL 331792834 US

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: CAROLYN STEIN

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEIN, CAROLYN
Address: 1901 S OAK HAVEN CIR
City-St-Zip: N MIAMI BCH, FL 331792834

Title: D () Delete
Name: STEIN, GERALD L
Address: 1901 S. OAK HAVEN CIRCLE
City-St-Zip: N MIAMI BEACH, FL 331792834

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STEIN, CAROLYN
Address: 1901 S OAK HAVEN CIR
City-St-Zip: MIAMI, FL 331792834

Title: D (X) Change () Addition
Name: STEIN, GERALD L
Address: 1901 S. OAK HAVEN CIRCLE
City-St-Zip: MIAMI, FL 331792834

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CAROLYN STEIN

D

04/13/2009

Electronic Signature of Signing Officer or Director

Date