

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062932

Entity Name: AUTO LIFT INC

FILED  
May 23, 2007  
Secretary of State

## Current Principal Place of Business:

9550 NW 79 AVENUE  
BAY #1  
HIALEAH GARDENS, FL 33016

## Current Mailing Address:

9550 NW 79 AVENUE  
BAY #1  
HIALEAH GARDENS, FL 33016

## New Principal Place of Business:

9695 NW 79 AVENUE  
BAY #14 & 15  
HIALEAH GARDENS, FL 33016

## New Mailing Address:

9696 NW 79 AVENUE  
BAY #14 & 15  
HIALEAH GARDENS, FL 33016

FEI Number: 20-2801777

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CABEZA, SILVIA  
9550 NW 79 AVENUE  
BAY #1  
HIALEAH GARDENS, FL 33016 US

## Name and Address of New Registered Agent:

CABEZA, SILVIA  
9695 NW 79 AVENUE  
BAY #14 & 15  
HIALEAH GARDENS, FL 33016 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:

05/23/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CABEZA, SILVIA  
Address: 9550 NW 79 AVE, BAY #1  
City-St-Zip: HIALEAH GARDENS, FL 33016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CABEZA, SILVIA  
Address: 9695 NW 79 AVE, BAY #14 & 15  
City-St-Zip: HIALEAH GARDENS, FL 33016

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: SILVIA CABEZA

P

05/23/2007

Electronic Signature of Signing Officer or Director

Date