

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000148870

1. Entity Name
ELEVATOR SERVICE CORPORATION



Principal Place of Business
4581 WESTON RAOD, #173
WESTON, FL 33331

Mailing Address
4581 WESTON RAOD, #173
WESTON, FL 33331

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5965560

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, JOSE F
4581 WESTON RD #173
WESTON, FL 33331

**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 reinstalling)

DATE
000000954423

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

07/11/08-80012-020 550.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANCHEZ, JOSE F
STREET ADDRESS	4581 WESTON RAOD, #173
CITY-ST-ZIP	WESTON, FL 33331
TITLE	VPD
NAME	RODRIGUEZ, GUILLERMO
STREET ADDRESS	11V13 NW 1ST ST
CITY-ST-ZIP	MIAMI, FL 33172
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #