

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000022472

Entity Name: LIFTING SOLUTIONS, INC.

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9141 NW 45TH STREET  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

9141 NW 45TH STREET  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: 26-2171404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ELLIOT B. MEDOFF CPA PA  
969 NW 31ST AVE.  
POMPANO BEACH, FL 33069 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

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: COBIA, JAMES B  
Address: 9141 NW 45TH STREET  
City-St-Zip: SUNRISE, FL 33351

Title: PRES  
Name: GITLITZ, HOPE M  
Address: 4235 N. UNIVERSITY DR #311  
City-St-Zip: SUNRISE, FL 33351

I hereby 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 all other like empowered.

SIGNATURE: JAMES B COBIA

VP

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date