

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000053251

FILED
Feb 25, 2004
Secretary of State

Entity Name: UPLIFT MOBILITY INC.

Current Principal Place of Business:

1625 STARKEY ROAD
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

1625 STARKEY ROAD
LARGO, FL 33771

New Mailing Address:

FEI Number: 59-3194543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIMENEZ, ABNER
2541 MULBERRY DR.
PALM HARBOR, FL 34684 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JIMENEZ, ABNER
Address: 2541 MULBERRY DR
City-St-Zip: PALM HARBOR, FL 34684

Title: ST () Delete
Name: JIMENEZ, DORIS
Address: 2541 MULBERRY DR.
City-St-Zip: PALM HARBOR, FL

Title: AVP () Delete
Name: GABRIEL, JIMENEZ
Address: 406 N. WALTON AVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: AVP () Delete
Name: GABRIEL, TANYA
Address: 406 N. WALTON AVE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AVP (X) Change () Addition
Name: TANYA, JIMENEZ
Address: 2541 MULBERRY DR.
City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DORIS JIMENEZ

ST

02/25/2004

Electronic Signature of Signing Officer or Director

Date