## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 24, 2008 08:00 A DOCUMENT # P97000053065 1. Eatily Name Secretary of State G. LIFT SERVICE CORP. Principal Place of Business Mailing Address 7330 SW 32 STREET 7330 SW 32 STREET **MIAMI FL 33155** MIAMI FL 33155 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0781658 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, JULIO C 7330 SW 32 STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** City Zip Code 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 earns of regularied scient and the Tumplicable (NOTE: Registried Agent signature required when repretating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State: OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition GONZALEZ, JULIO C NAME NAME 7330 SW 32 STREET STREET ADDRESS STREET ADDRESS U000000867775 CITY-ST-707 **MIAMI FL 33155** CITY-ST-78P TITLE ☐ Derele TITLE NAME NAME STREET ADDRESS. STREET ADDRESS Offy-ST-ZIP CITY-ST-ZIP ITTLE ☐ Delete TITLE Change Addition MAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MILE De ete TITLE ☐ Change Addition NAM<sup>2</sup> NAML STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

President

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 eath; 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.

3-20-08

305-772-54**3**8