

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90654 049 ***150.00

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1. Entity Name
LIFTO USA, CORPORATION



Principal Place of Business
**8345 N.W. 66TH ST.
#3148
MIAMI, FL 33166**

Mailing Address
**821 S.W. 122 AVE.
MIAMI, FL 33184**

34080336



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0828362

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DIVENYI, REZSO LEON
7426 SW 82ND STREET
APT D-221
MIAMI, FL 33172**

**DO NOT WRITE
IN THIS SPACE**

7. 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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MASSAO, ALBERTO
275 RUA MANOEL DE GOIS
SAO PAULO, BRAZIL, 05604000**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DIVENYI, REZSO LEON
7426 SW 82ND ST, APT D-221
MIAMI, FL 33172**

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

4/28/04 (305)662-1832

Date

Daytime Phone #