

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # S76891

1. Entity Name
U.S. AIRMOTIVE MATERIAL HANDLING, INC.



Principal Place of Business
5439 N.W. 36TH ST.
MIAMI, FL 33166

Mailing Address
5439 N.W. 36TH ST.
MIAMI, FL 33166



04202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0311619

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

KRUSZEWSKI, ANTHONY E
5439 N.W. 36TH ST.
MIAMI, FL 33166

**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 renewing)

000000917223

05/13/08-80038-010 158.75

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCV
NAME	KRUSZEWSKI, ANTHONY E.
STREET ADDRESS	5439 N.W. 36TH ST
CITY- ST- ZIP	MIAMI, FL
TITLE	DVS
NAME	KRUSZEWSKI, ROSE
STREET ADDRESS	5439 N.W. 36TH ST
CITY- ST- ZIP	MIAMI, FL
TITLE	DPT
NAME	KRUSZEWSKI, JOHN
STREET ADDRESS	5439 N.W. 36TH ST
CITY- ST- ZIP	MIAMI, FL
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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08

Date

305 238-7511

Daytime Phone #