2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90047 050 ***150.00

DOCUMENT # P04000078518

1. Entity Name
OXYSOUND HOME HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
15159 SW 94TH TERRACE MIAMI, FL 33196 US	15159 SW 94TH TERRACE MIAMI, FL 33196 US

03112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7226 Taft St Suite, Apt. #, etc.	20856 N Rand Rd Suite, Apt. #, etc.
City & State: Hollywood - Fl	City & State: Barrington, IL
Zip: 33024 Country: Broward	Zip: 60010 Country: USA

4. FEI Number 20 1138476 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BASTIDAS, JOAN 15159 SW 94TH TERRACE MIAMI, FL 33196	Name: MARIA T MURIEL Street Address (P.O. Box Number is Not Acceptable): 15376 SW 39th Street City: Davie FL Zip Code: 33331

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: Maria T Muriel 4-2-2005
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MURIEL, CARLOS O 465 OCEAN DRIVE, UNIT 311 MIAMI BEACH, FL 33139	☐ Delete	P Carlos O. Muriel 15376 SW 39th St. Davie - FL 33331	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MURIEL, MARIA T 465 OCEAN DRIVE, UNIT 311 MIAMI BEACH, FL 33196	☐ Delete	VP MARIA T. MURIEL 15376 SW 39th St. DAVIE - FL 33331	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC BASTIDAS, JOAN 15159 SW 94TH TERRACE MIAMI, FL 33196	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA BASTIDAS, CLAUDIA P 1023 VICTORIA DRIVE FOX RIVER GROVE, IL 60021	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Carlos Muriel Carlos Muriel 4-2-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #