2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# 520307

Entity Name: CARDIOPULMONARY INSTRUMENTATION, INC.

Current Principal Place of Business:

3002 NW 79TH AVE
MIAMI, FL 33122

New Principal Place of Business:

3002 NW 79TH AVE
MIAMI, FL 33122 US

Current Mailing Address:

3002 NW 79TH AVE
MIAMI, FL 33122

New Mailing Address:

3002 NW 79TH AVE
MIAMI, FL 33122 US

FEI Number: 59-1743436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, WILLIAM
3002 NW 79TH AVE
MIAMI, FL 33122 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: PD ( ) Delete
Name: PEREZ, WILLIAM,
Address: 5709 SW 118TH AVE
City-St-Zip: MIAMI FL,

Title: VP ( ) Delete
Name: PEREZ, PHANESSA VICE PR
Address: 5709 SW 118TH AVE
City-St-Zip: MIAMI, FL 33183 US

Title: SECR ( ) Delete
Name: PEREZ, MARIA P SEC
Address: 5709 SW 118TH AVE
City-St-Zip: MIAMI, FL 33183 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PEREZ, PHANESSA PD
Address: 22181 SW 92 PL
City-St-Zip: MIAMI, FL 33190 US

Title: VP (X) Change ( ) Addition
Name: NUNEZ, ROBERT VICE PD
Address: 22181 SW 92 PL
City-St-Zip: MIAMI, FL 33190 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PHANESSA PEREZ PD 04/19/2006

Electronic Signature of Signing Officer or Director Date