


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # 520307	
1. Entity Name CARDIOPULMONARY INSTRUMENTATION, INC.	
	
Principal Place of Business 3002 NW 79TH AVE MIAMI, FL 33122 US	Mailing Address 3002 NW 79TH AVE MIAMI, FL 33122 US



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1743436	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PEREZ, WILLIAM 3002 NW 79TH AVE MIAMI, FL 33122		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  **5-1-07**
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, 2007 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	PD PEREZ, PHANESSA PD 22181 SW 92 PL MIAMI, FL 33190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NUNEZ, ROBERT VICE PD 22181 SW 92 PL MIAMI, FL 33190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR PEREZ, MARIA P SEC 5709 SW 118TH AVE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

**U00000761337
05/25/07-80051-005 150.00**

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 like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-07 **(305) 5928196**