

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM  
Secretary of State

DOCUMENT # F04000004854

1. Entity Name  
OXYGEN REQUIRED, INC.



Principal Place of Business  
4211 NORTH FEDERAL HIGHWAY STE 1  
POMPANO BEACH, FL 33064

Mailing Address  
4211 NORTH FEDERAL HIGHWAY STE 1  
POMPANO BEACH, FL 33064



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0406060	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEMETRIOU, MICHAEL  
4211 NORTH FEDERAL HIGHWAY STE 1  
POMPANO BEACH, FL 33064

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CPT
NAME	HIESS, JOSEPH
STREET ADDRESS	4211 NORTH FEDERAL HIGHWAY STE 1
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	VPS
NAME	DEMETRIOU, MICHAEL
STREET ADDRESS	4211 NORTH FEDERAL HIGHWAY STE 1
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michael Demetriou 1/9/06 9794-5111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #