2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F04000004854

1. Entity Name OXYGEN REQUIRED, INC.



FILED
Mar 10, 2008 08:00 A
Secretary of State

Principal Place of Business

SIGNATURE:

Mailing Address

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



01242008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0406060

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature) | | | | eature required when reinstating) | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | | \$5.00 May Be Added to Fees | U00000852382 03/26/08-80025-023 150.00 |
| 10. OFFICERS AND DIRECTORS | | | | | • |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CPT HIESS, JOSEPH 4211 NORTH FEDERAL HIGHWAY ST POMPANO BEACH, FL 33064 | TE 1 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS DEMETRIOU, MICHAEL 4211 NORTH FEDERAL HIGHWAY ST POMPANO BEACH, FL 33064 | Ë 1 | | | |
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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. | | | | | |