


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90044 007 ***150.00

DOCUMENT # P01000087037	
1. Entity Name PULMOCAIR RESPIRATORY, INC.	

Principal Place of Business 1405 POINSETTIA DR STE 9-10 DELRAY BEACH, FL 33444	Mailing Address 1405 POINSETTIA DR STE 9-10 DELRAY BEACH, FL 33444
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94031344



2. Principal Place of Business 1405 POINSETTIA DR	3. Mailing Address 1405 POINSETTIA DR.
Suite, Apt. #, etc. 9-10	Suite, Apt. #, etc. 9-10
City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip 33444	Country US

03122004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1138994	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEDELE, JON 740 MOCKINGBIRD LN PLANTATION, FL 33324	
7. Name and Address of New Registered Agent Name FEDELE, JONATHAN Street Address (P.O. Box Number is Not Acceptable) 701 SW 36 AVENUE City BOYNTON BEACH FL Zip Code 33435	

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 *Jonathan Fedele* **JONATHAN FEDELE, PRESIDENT**
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LICA, STEVEN F 5662 NW 127TH TERR CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEDELE, JONATHAN 740 MOCKINGBIRD LN PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 SW 36 AVENUE BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIKO, KYLE 539 SW 29TH AVE DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5716 NW 125 TERRACE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jonathan Fedele* **PRESIDENT** 03/12/04 561-274-9664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #