

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

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

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

03122004 Chg-P CR2E034 (10/03)  
4. FEI Number 65-1138994  
Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

94031344



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 *J. 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.  \$5.00 May Be  
Added to Fees

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: *J. Fedele* PRESIDENT 03/12/04 561-274-9664  
SIGNATURE AND/OPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #