

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90420 019 \*\*\*158.75

**DOCUMENT # P02000120264**

1. Entity Name  
**EAST COAST RESPIRATORY EQUIPMENT INC.**



Principal Place of Business

2314 W 80 ST  
BAY 2  
HIALEAH, FL 33016

Mailing Address

2314 W 80 ST  
BAY 2  
HIALEAH, FL 33016

**14014533**



2. Principal Place of Business

**2274 W 80 ST**

3. Mailing Address

**2274 W 80 ST**

Suite, Apt. #, etc.

**Bay 1**

Suite, Apt. #, etc.

**Bay 1**

City & State

**Hialeah, FL**

City & State

**Hialeah, FL**

Zip  
**33016**

Country  
**USA**

Zip  
**33016**

Country  
**USA**

04182005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**82-0586611**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COSTALES, GARY A.  
2151 LEJEUNE ROAD, SUITE 200  
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 required when reinstating)

DATE

**4/28/05**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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

**P  
MARTINEZ, RHEA P  
13149 NW 10TH LANE  
MIAMI, FL 33182**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

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STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/28/05 305-553-4333**