# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 08, 2008**
**Secretary of State**

DOCUMENT# P05000125618

**Entity Name:** CARDIOPULMONARY CARE GROUP CORP.

**Current Principal Place of Business:**

1420 NE 201 TERRACE
NORTH MIAMI BEACH, FL 33179 US

**New Principal Place of Business:**

**Current Mailing Address:**

1420 NE 201 TERRACE
NORTH MIAMI BEACH, FL 33179 US

**New Mailing Address:**

1420 NE 201 TERR
MIAMI, FL 33179

**FEI Number: 20-3460437** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASEFAW, KIBREAB
1420 NE 201 TERRACE
NORTH MIAMI BEACH, FL 33179 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete
Name: ASEFAW, KIBREAB
Address: 1420 NE 201 TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: D ( ) Delete
Name: ASEFAW, KIBREAB
Address: 1420 NE 201 TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIBREAB ASEFAW PRES 05/08/2008

Electronic Signature of Signing Officer or Director Date