

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000137210

FILED  
Jun 25, 2009  
Secretary of State

Entity Name: BREATHE RITE RESPIRATORY SERVICES, INC.

## Current Principal Place of Business:

1030 W. NORTH BLVD.  
LEESBURG, FL 34748 US

## New Principal Place of Business:

## Current Mailing Address:

1030 W. NORTH BLVD.  
LEESBURG, FL 34748 US

## New Mailing Address:

FEI Number: 20-3584634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MARASIGAN, LUNEL  
2785 PONKAN SUMMIT DR  
APOPKA, FL 32712 US

## Name and Address of New Registered Agent:

AGUILAR, JOSUE P  
31729 PARKDALE DRIVE  
LEESBURG, FL 34748 US

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: JOSUE P. AGUILAR

06/25/2009

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: P ( ) Delete  
Name: AGUILAR, JOSUE  
Address: 31729 PARKDALE DR.  
City-St-Zip: LEESBURG, FL 34740

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: AGUILAR, JOSUE  
Address: 31729 PARKDALE DR.  
City-St-Zip: LEESBURG, FL 34748

Title: VP ( ) Change (X) Addition  
Name: MARASIGAN, NELSON H  
Address: 2785 PONKAN SUMMIT DR  
City-St-Zip: APOPKA, FL 32712

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: JOSUE P. AGUILAR

P

06/25/2009

Electronic Signature of Signing Officer or Director

Date