## 2007 FOR PROFIT CORPORATION-**ANNUAL REPORT (AR)**

## May 02, 2007 8:00 am Secretary of State DOCUMENT # P06000126712 05-02-2007 90046 043 \*\*\*150.00 RESPIRATORY STAFFING SOLUTIONS, PA Principal Place of Business Mailing Address 3430 SW 124TH COURT 3430 SW 124TH COURT MIAMI FL 33175 MIAMI FL 33175 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-5659488 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNITED STATES CORPORATION AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1111 LINCOLN ROAD SUITE 400 MIAMI BEACH FL 33139 City 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. SIGNÄTURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRES TITLE ☐ Delete HILE ☐ Change Addition VENDRELL, ALEJANDRO NAME NAME 3430 SW 124TH COURT STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP CITY-S1-ZIP TRES TITLE Delete THE ☐ Change Addition VENDRELL, ALEJANDRO NAME NAME 3430 SW 124TH COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33175 CITY-ST-ZIP CHY-ST-ZIP SECT Delete TITLE Change Addition VENDRELL, ALEJANDRO NAME NAMI 3430 SW 124TH COURT STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** CHY-ST-ZIP CITY-SI-ZIP DIR THIE ☐ Delete TITLE Addition VENDRELL, ALEJANDRO NAME NAME 3430 SW 124TH COURT STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** CHY-SI-7IP CITY-ST-ZIE □ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-SI-7IP THILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

FILED