

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155128

FILED
Feb 21, 2008
Secretary of State

Entity Name: GLOBAL RESPIRATORY AND MEDICAL EQUIPMENT CORPORATION

Current Principal Place of Business:

4301 32ND STREET WEST
SUITE C9
BRADENTON, FL 34205

New Principal Place of Business:

600 CORAL WAY, FL 4
CORAL GABLES, FL 33134

Current Mailing Address:

PO BOX 347723
CORAL GABLES, FL 332347723

New Mailing Address:

600 CORAL WAY, FL 4
CORAL GABLES, FL 33134

FEI Number: 22-3949988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: FAMADA, NELSON
Address: 252 PONCE DE LEON AVENUE, SUITE 702
City-St-Zip: SAN JUAN, PR 00918

Title: SD (X) Delete
Name: HESTER, STACY L
Address: 2651 PARK WINDSOR DRIVE SUITE 207
City-St-Zip: FORT MYERS, FL 33901

Title: TD () Delete
Name: RODRIGUEZ, JORGE
Address: 252 PONCE DE LEON AVENUE SUITE 702
City-St-Zip: SAN JUAN, PR 00918

Title: D () Delete
Name: DORON, MICHAEL
Address: 252 PONCE DE LEON AVENUE SUITE 702
City-St-Zip: SAN JUAN, PR 00918

Title: VPD () Delete
Name: FAMADAS, NELSON E SMART
Address: 252 PONCE DE LEON AVENUE SUITE 702
City-St-Zip: SAN JUAN, PR 00918

Title: D () Delete
Name: PROBER, MATT
Address: 252 PONCE DE LEON AVENUE, SUITE 702
City-St-Zip: SAN JUAN, PR 00918

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FAMADAS, NELSON
Address: 252 PONCE DE LEON AVENUE, SUITE 702
City-St-Zip: SAN JUAN, PR 00918

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

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

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

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

Title: SD (X) Change () Addition
Name: PROBER, MATT
Address: 252 PONCE DE LEON AVENUE, SUITE 702
City-St-Zip: SAN JUAN, PR 00918

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: NELSON FAMADAS

PD

02/21/2008

Electronic Signature of Signing Officer or Director

Date