2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P24842

1. Entity Name
CARDIO RESPIRATORY ASSISTANCE, INC.

Principal Place of Business	Mailing Address
5915-17 N. LINCOLN AVENUE CHICAGO, IL 60659	5915-17 N. LINCOLN AVENUE CHICAGO, IL 60659

DO NOT WRITE IN THIS SPACE

03142008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
36-2891527	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, BARBARA S
9999 COLLINS UNIT 4F
BAL HARBOUR, FL 33154

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IN THIS SPACE

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 _____ Barbara S. Cooper _____   4/11/08

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	COOPER, BARBARA S
STREET ADDRESS	5915-17 N. LINCOLN AVE.
CITY-ST-ZIP	CHICAGO, IL 60659
TITLE	BD
NAME	COOPER, JANELLE
STREET ADDRESS	5915-17 N. LINCOLN AVE.
CITY-ST-ZIP	CHICAGO, IL 60659
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/08-80062-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Barbara S. Cooper _____   4/11/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #