

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000021698

FILED  
Mar 17, 2004  
Secretary of State

Entity Name: UNIVERSAL RESPIRATORY INC.

## Current Principal Place of Business:

7154 N. UNIVERSITY DR.  
SUITE #223  
TAMARAC, FL 33321 US

## New Principal Place of Business:

## Current Mailing Address:

7154 N. UNIVERSITY DR.  
SUITE #223  
TAMARAC, FL 33321 US

## New Mailing Address:

FEI Number: 65-0574638

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEGROFF, SHARRY  
4900 N. OCEAN BLVD  
APT#614  
FORT LAUDERDALE, FL 33308 US

## Name and Address of New Registered Agent:

DEGROFF, SHARRY  
3850 GALT OCEAN DRIVE  
APT# 1710  
FORT LAUDERDALE, FL 33308 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:

03/17/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DEGROFF, SHARRY  
Address: 3111 NE 29TH ST APT 4  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D ( ) Delete  
Name: DEGROFF, JENNIFER  
Address: 3111 NE 29TH ST APT 4  
City-St-Zip: FORT LAUDERDALE, FL 33308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DEGROFF, SHARRY  
Address: 3850 GALT OCEAN DRIVE APT 1710  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D (X) Change ( ) Addition  
Name: DEGROFF, JENNIFER  
Address: 3850 GALT OCEAN DRIVE APT 1710  
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHARRY DEGROFF

P

03/17/2004

Electronic Signature of Signing Officer or Director

Date