

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000021698

1. Entity Name
UNIVERSAL RESPIRATORY INC.



Principal Place of Business
**PO BOX 480112
FORT LAUDERDALE, FL 33048 US**

Mailing Address
**PO BOX 480112
FORT LAUDERDALE, FL 33048 US**



03152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0574638

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000671538
03/20/07 00000000 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **DEGROFF, SHARRY**
STREET ADDRESS **3850 GALT OCEAN DRIVE APT 1710**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **D**
NAME **DEGROFF, JENNIFER**
STREET ADDRESS **3850 GALT OCEAN DRIVE APT 1710**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharry DEGROFF President

3/15/07

95442343575