2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# V01358

Entity Name: ADVANCED PULMONARY HOME CARE, INC.

Current Principal Place of Business:

4286-A PALM AVENUE
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

4286-A PALM AVENUE
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 65-0308042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ DOMINGUEZ, EVARISTO J
4286-A PALM AVENUE
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

KABA, JR., MOISES
19402 NW 82ND COURT
HIALEAH, FL 33015 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: MOISES KABA, JR. 01/13/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PEREZ, HEGLICHS W
Address: 4286-A PALM AVENUE
City-St-Zip: HIALEAH, FL 33012 US

Title: D ( ) Delete
Name: PEREZ DOMINGUEZ, EVARISTO J
Address: 4286-A PALM AVENUE
City-St-Zip: HIALEAH, FL 33012 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KABA, JR., MOISES
Address: 19402 NE 82ND COURT
City-St-Zip: HIALEAH, FL 33015 US

Title: S (X) Change ( ) Addition
Name: KABA, JR., MOISES
Address: 19402 NE 82ND COURT
City-St-Zip: HIALEAH, FL 33015 US

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: MOISES KABA, JR. P 01/13/2005
Electronic Signature of Signing Officer or Director Date