

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101653

**FILED**  
**Feb 05, 2010**  
**Secretary of State**

**Entity Name:** JAWS-ENDOSCOPY REPAIRS, INC.

**Current Principal Place of Business:**

5205 BABCOCK ST  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 61148  
PALM BAY, FL 32906

**New Mailing Address:**

**FEI Number:** 59-3752634

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OROS, VALERIU  
362 FLANDERS DR  
INDIALANTIC, FL 32903 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: D  
Name: OROS, VALERIU  
Address: 362 FLANDERS DR  
City-St-Zip: INDIALANTIC, FL 32903

I hereby 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 all other like empowered.

SIGNATURE: VAL OROS

PRES

02/05/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date