2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 09, 2006
Secretary of State

DOCUMENT# P04000095937

Entity Name: ENDOTECNICA MEDICAL DEVICES, INC.

Current Principal Place of Business:

5201 BLUE LAGOON DR
SUITE 846
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5201 BLUE LAGOON DR
SUITE 846
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-1280485 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CATTANI, MARIA A
5201 BLUE LAGOON DR
SUITE 846
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

SANDOVAL, ALICIA
5201 BLUE LAGOON DR
SUITE 846
MIAMI, FL 33126 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: ALICIA SANDOVAL 11/09/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: CATTANI, MARIA A
Address: 5201 BLUE LAGOON DR SUITE 846
City-St-Zip: MIAMI, FL 33126

Title: P ( ) Delete
Name: CONTRAMESTRE, WALDINT PEREZ
Address: 5201 BLUE LAGOON DR SUITE 846
City-St-Zip: MIAMI, FL 33126

Title: VP ( ) Delete
Name: CONTRAMESTRE, MAYIA PEREZ
Address: 5201 BLUE LAGOON DR SUITE 846
City-St-Zip: MIAMI, FL 33126

Title: VP ( ) Delete
Name: CONTRAMESTRE, ANA
Address: 5201 BLUE LAGOON DR SUITE 846
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: RAMOS, CARLOS
Address: 5201 BLUE LAGOON DR SUITE 846
City-St-Zip: MIAMI, FL 33126

Title: P (X) Change ( ) Addition
Name: CONTRAMAESTRE, WUALDINT PEREZ
Address: 5201 BLUE LAGOON DR SUITE 846
City-St-Zip: MIAMI, FL 33126

Title: VP (X) Change ( ) Addition
Name: CONTRAMAESTRE, MAYRA PEREZ
Address: 5201 BLUE LAGOON DR SUITE 846
City-St-Zip: MIAMI, FL 33126

Title: VP (X) Change ( ) Addition
Name: CONTRAMAESTRE, ANA
Address: 5201 BLUE LAGOON DR SUITE 846
City-St-Zip: MIAMI, FL 33182

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: WUALDINT PEREZ CONTRAMAESTRE PRES 11/09/2006
Electronic Signature of Signing Officer or Director Date