2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000095937

1. Entity Name
ENDOTECNICA MEDICAL DEVICES, INC.

Principal Place of Business
5201 BLUE LAGOON DR
SUITE 846
MIAMI, FL 33126

Mailing Address
5201 BLUE LAGOON DR
SUITE 846
MIAMI, FL 33126

01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1280485
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANDOVAL, ALICIA
5201 BLUE LAGOON DR
SUITE 846
MIAMI, FL 33126

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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: 01/30/2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	T
NAME	RAMOS, CARLOS
STREET ADDRESS	5201 BLUE LAGOON DR SUITE 846
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	P
NAME	CONTRAMAESTRE, WUALDINT PEREZ
STREET ADDRESS	5201 BLUE LAGOON DR SUITE 846
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VP
NAME	CONTRAMAESTRE, MAYRA PEREZ
STREET ADDRESS	5201 BLUE LAGOON DR SUITE 846
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VP
NAME	CONTRAMAESTRE, ANA
STREET ADDRESS	5201 BLUE LAGOON DR SUITE 846
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/07-80062-008 150.00

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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: 01/30/2007 3056293105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #