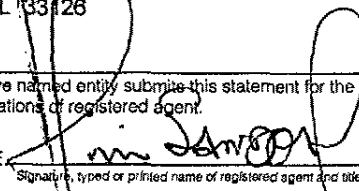
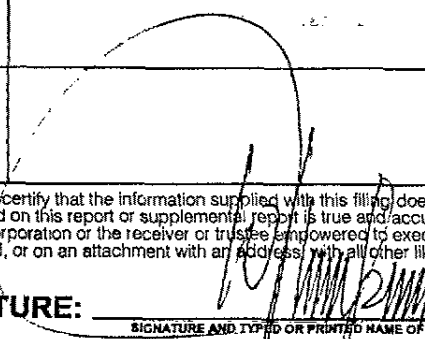


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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	
DO NOT WRITE IN THIS SPACE			
			
		01242007 No Chg-P CR2E034 (11/05)	
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		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)		DATE 01/30/2007	
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 NAME STREET ADDRESS CITY-ST-ZIP	T RAMOS, CARLOS 5201 BLUE LAGOON DR SUITE 846 MIAMI, FL 33126		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONTRAMAESTRE, WUALDINT PEREZ 5201 BLUE LAGOON DR SUITE 846 MIAMI, FL 33126		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONTRAMAESTRE, MAYRA PEREZ 5201 BLUE LAGOON DR SUITE 846 MIAMI, FL 33126		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONTRAMAESTRE, ANA 5201 BLUE LAGOON DR SUITE 846 MIAMI, FL 33126		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		Date 01/30/2007 305629310	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	