

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000095937

FILED  
Feb 14, 2008  
Secretary of State

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:

5201 BLUE LAGOON DR  
SUITE 979  
MIAMI, FL 33126

## Current Mailing Address:

5201 BLUE LAGOON DR  
SUITE 846  
MIAMI, FL 33126

## New Mailing Address:

5201 BLUE LAGOON DR  
SUITE 979  
MIAMI, FL 33126

FEI Number: 20-1280485

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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: T ( ) Delete  
Name: RAMOS, CARLOS  
Address: 5201 BLUE LAGOON DR SUITE 846  
City-St-Zip: MIAMI, FL 33126

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

P

02/14/2008

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

\_\_\_\_\_  
Date