

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000095937

FILED
Mar 30, 2010
Secretary of State

Entity Name: ENDOTECNICA MEDICAL DEVICES, INC.

Current Principal Place of Business:

1560 SAWGRASS CORPORATE PARKWAY, STE 413
SUITE 413
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1560 SAWGRASS CORPORATE PARKWAY, STE 413
SUITE 413
SUNRISE, FL 33323

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:

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
Name: RAMOS, CARLOS
Address: 5201 BLUE LAGOON DR SUITE 846
City-St-Zip: MIAMI, FL 33126

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

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

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

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: WUALDINT PEREZ

MR.

03/30/2010

Electronic Signature of Signing Officer or Director

Date