## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000017929

Entity Name: ENDOSCOPE REPAIR, INC.

FILED Feb 07, 2012 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5201 BLUE LAGOON DRIVE 6220 MANATEE AVE

SUITE 815 SUITE 302

MIAMI, FL 33126 BRADENTON, FL 34209 US

**Current Mailing Address: New Mailing Address:** 

PO BOX 118

BRADENTON BEACH, FL 34217 US

FEI Number: 68-0645702 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KROPP, JENNIFER L 5201 BLUE LAGOON DRIVE SUITE 815 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: Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title:

KROPP, JENNIFER L Name:

PO BOX 118 Address:

City-St-Zip: BRADENTON BEACH, FL 34217 US

Title: **PRES** 

Name: KROPP, JENNIFER L

PO BOX 118 Address:

BRADENTON BEACH, FL 34217 US City-St-Zip:

Title: VΡ

KROPP, JENNIFER L Name: PO BOX 118

Address:

City-St-Zip: BRADENTON BEACH, FL 34217 US

Title: SEC

KROPP, JENNIFER L Name:

Address: PO BOX 118

City-St-Zip: BRADENTON BEACH, FL 34217 US

Title: TREA

Name: KROPP, JENNIFER L

Address: PO BOX 118

BRADENTON BEACH, FL 34217 US City-St-Zip:

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: JENNIFER L. KROPP DIR 02/07/2012