

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000067943

Entity Name: ENGELT MEDICAL SYSTEMS, INC.

FILED  
Jul 15, 2009  
Secretary of State

## Current Principal Place of Business:

717 PONCE DE LEON BLVD  
STE 330  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

717 PONCE DE LEON BLVD  
STE 330  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 42-1732737      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

EVANS, LAWRENCE S ESQ  
717 PONCE DE LEON BLVD  
STE 330  
CORAL GABLES, FL 33134 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: D ( ) Delete  
Name: COSTA, EDSON  
Address: 717 PONCE DE LEON BLVD STE 330  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: COSTA, EDSON MR  
Address: 21W 46TH ST SUITE 1502 SOUTH  
City-St-Zip: NEW YORK CITY, NY 10036 US

Title: S ( ) Change (X) Addition  
Name: SOBRINHO, ANA BEATRIZ V MRS  
Address: 21W 46TH ST SUITE 1502 SOUTH  
City-St-Zip: NEW YORK CITY, NY 10036 US

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: EDSON COSTA

D

07/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date