

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094339

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: ANDREAS PROSTHESES, INC.

**Current Principal Place of Business:**

4175 WEST NEW HAVEN AVE  
#8  
WEST MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 121209  
WEST MELBOURNE, FL 329121209

**New Mailing Address:**

FEI Number: 59-3358166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BONAFIGLIA, ANDREA  
4175 WEST NEW HAVEN AVE  
#8  
WEST MELBOURNE, FL 32904 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: BONAFIGLIA, ANDREA  
Address: 4175 WEST NEW HAVEN AVE  
City-St-Zip: WEST MELBOURNE, FL 32904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ANDREA BONAFIGLIA

PRES

04/27/2009

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

\_\_\_\_\_  
Date