


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000065761  
 1. Entity Name  
 ENDOSCOPY UNLIMITED, INC.



Principal Place of Business - Mailing Address  
 1860 NW 107 TERRACE - 1860 NW 107 TERRACE  
 PLANTATION, FL 33322 US - PLANTATION, FL 33322 US

**DO NOT WRITE IN THIS SPACE**



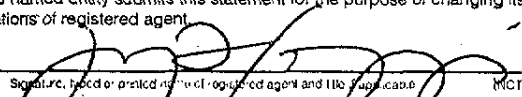
03252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0687617	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HALMAGYI, JULIA  
 1860 NW 107 TERRACE  
 PLANTATION, FL 33322

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 3/24/2005

Signature, head or presiding officer of registered agent and filer (if applicable) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALMAGYI, LEVENTE 1860 NW 107 TERRACE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALMAGYI, JULIA 1860 NW 107 TERRACE PLANTATION, FL 33322
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U00000279014  
 03/28/05-80050-014 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 3/24/2005 DAYTIME PHONE #: 954-3706388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR