

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90001 011 \*\*\*150.00

**DOCUMENT # P98000024043**

1. Entity Name  
**ENDORO REALTY, INC.**



Principal Place of Business  
**1380 WEST MCNAB ROAD  
FORT LAUDERDALE, FL 33309**

Mailing Address  
**1380 WEST MCNAB ROAD  
FORT LAUDERDALE, FL 33309**



01232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0818227</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**BISCONTI, VINCENT  
1380 WEST MCNAB ROAD  
FORT LAUDERDALE, FL 33309**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BISCONTI, VINCENT  
STREET ADDRESS 1380 WEST MCNAB ROAD  
CITY - ST - ZIP FORT LAUDERDALE, FL 33309

TITLE VD  
NAME BISCONTI, DOMINICK  
STREET ADDRESS 1380 WEST MCNAB ROAD  
CITY - ST - ZIP FORT LAUDERDALE, FL 33309

TITLE STD  
NAME GERMANI, ROSIE BISCONTI  
STREET ADDRESS 1380 WEST MCNAB ROAD  
CITY - ST - ZIP FORT LAUDERDALE, FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Vincent Bisconti  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/2008  
Date Daytime Phone #