

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000077457

Entity Name: ADVANCED ENDOSCOPY, INC.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

5555 ANGLERS AVE
9
FT LAUDERDALE, FL 33312

New Principal Place of Business:

397 N.E. 2ND AVE.
HALLANDALE, FL 33009

Current Mailing Address:

5555 ANGLERS AVE
9
FT LAUDERDALE, FL 33312

New Mailing Address:

397 N.E. 2ND AVE.
HALLANDALE, FL 33009

FEI Number: 65-0944573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIAS, ADRIAN
600 THREE ISLANDS BLVD.
405
HALLANDALE, FL 33009 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: PSTD () Delete
Name: BIAS, ADRIAN
Address: 600 THREE ISLANDS BLVD. APT. 405
City-St-Zip: HALLANDALE, FL 33009

Title: DT () Delete
Name: BIAS, LAURA
Address: 600 THREE ISLANDS BLVD. APT. 405
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ADRIAN BIAS

PRES

04/26/2007

Electronic Signature of Signing Officer or Director

Date