2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096599

MIAMI, FL 33145

City-St-Zip:

Entity Name: I COWAN MEDICAL SUPPLY CORP

FILED Jan 20, 2004 Secretary of State

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Current Principal Place of Business:			New Principal Place o	f Business:	
1850 SW 8 208-A					
MIAMI, FL	33135				
Current M	lailing Addre	ss:	New Mailing Address:	New Mailing Address:	
1850 SW 8 208-A MIAMI, FL					
FEI Number:	: 65-1142284	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of	Current Registered Agent:	Name and Address of	New Registered Agent:	
IGLESIAS, ARNALDO 10850 SW 88 ST #203 MIAMI, FL 33176			IGLESIAS, ARNALDO 1850 SW 8TH ST #208- MIAMI, FL 33135	1850 SW 8TH ST #208-A	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				01/20/2004	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (IGLESIAS, AR 10850 SW 88 MIAMI, FL 33	ST #203	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	DV () COWAN, MIGI 2539 SW 17 S		Title: (Name: Address:) Change ()Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: ARNALDO IGLESIAS DP 01/20/2004