

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096599

FILED  
Jul 19, 2004  
Secretary of State

Entity Name: I. COWAN MEDICAL SUPPLY, CORP.

## Current Principal Place of Business:

1850 SW 8TH ST.  
208-A  
MIAMI, FL 33135

## New Principal Place of Business:

## Current Mailing Address:

1850 SW 8CT  
208-A  
MIAMI, FL 33135

## New Mailing Address:

1850 SW 8TH ST  
208-A  
MIAMI, FL 33135

FEI Number: 65-1142284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IGLESIAS, ARNALDO  
1850 SW 8TH ST #208-A  
MIAMI, FL 33135

## 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: DP ( ) Delete  
Name: IGLESIAS, ARNALDO  
Address: 10850 SW 88 ST #203  
City-St-Zip: MIAMI, FL 33176

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T ( ) Change (X) Addition  
Name: FUSTER, MARIA  
Address: 1850 SW 8TH ST  
City-St-Zip: MIAMI, FL 33135

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: MARIA FUSTER

T

07/19/2004

Electronic Signature of Signing Officer or Director

Date