2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# P01000096599

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 8TH ST
208-A
MIAMI, FL 33135

New Mailing Address:

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

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

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 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 01/05/2005

Electronic Signature of Signing Officer or Director — Date