


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90148 029 ***150.00

DOCUMENT # P02000126171		
1. Entity Name COWPEN INVESTMENTS, INC.		

Principal Place of Business 3165 WEST 4TH AVENUE HIALEAH, FL 33012	Mailing Address 3165 WEST 4TH AVENUE HIALEAH, FL 33012
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14006922



2. Principal Place of Business 6500 Cowpen Rd.		3. Mailing Address 6500 Cowpen Rd.	
Suite, Apt. #, etc. 301		Suite, Apt. #, etc. 301	
City & State Miami Lakes, FL		City & State Miami Lakes, FL	
Zip 33014	Country U.S.A.	Zip 33014	Country U.S.A.

04222005 Chg-P CR2E034 (10/03)

4. FEI Number 22-3884793	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DANIEL M. KEIL, P.A. 3165 WEST 4TH AVENUE HIALEAH, FL 33012	
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7. Name and Address of New Registered Agent Name Daniel M. Keil, P.A. Street Address (P.O. Box Number is Not Acceptable) 6500 Cowpen Rd. Suite 301 City Miami Lakes FL Zip Code 33014	
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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) **4/25/05** Date

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOLEDO, EVELIO 3165 WEST 4TH AVENUE HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6500 Cowpen Rd. Suite 305 Miami Lakes FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEIL, DANIEL M 777 N.W. 146TH STREET MIAMI, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6500 Cowpen Rd. Suite 302 Miami Lakes FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONZALEZ, ALBERT C 3165 WEST 4TH AVENUE HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6500 Cowpen Rd. Suite 302 Miami Lakes FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **4/25/05** Date **827-8977** Daytime Phone #