

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057872

FILED
Apr 24, 2004
Secretary of State

Entity Name: COWIN & PEREZ ENTERPRISES, INC.

Current Principal Place of Business:

500 NW 141ST AVENUE
SUITE 210
PEMBROKE PINES, FL 33028

New Principal Place of Business:

522 SPORTSMAN PARK DR
SEFFNER, FL 33584

Current Mailing Address:

500 NW 141ST AVENUE
SUITE 210
PEMBROKE PINES, FL 33028

New Mailing Address:

522 SPORTSMAN PARK DR
SEFFNER, FL 33584

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COWIN, BRIAN S RN
6300 SW 114 ST
MIAMI, FL 33158 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: DCEO () Delete
Name: COWIN, BRIAN S RN
Address: 1202 NW 143RD AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DCFO (X) Delete
Name: PEREZ-COWIN, MARIA I ARNP
Address: 1202 NW 143RD AVE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: COWIN, BRIAN S RN
Address: 522 SPORTSMAN PARK DR
City-St-Zip: SEFFNER, FL 33584

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: BRIAN S. COWIN, RN, BSN

DCEO

04/24/2004

Electronic Signature of Signing Officer or Director

Date