

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000106672

Entity Name: KEEN MEDICAL, INC.

FILED  
Jan 08, 2008  
Secretary of State

## Current Principal Place of Business:

12491 S.W. 134TH COURT  
BLDG 2 UNIT 32  
MIAMI, FL 33186

## New Principal Place of Business:

3062 BIRD AVE  
UNIT D2  
MIAMI, FL 33133

## Current Mailing Address:

12491 S.W. 134TH COURT  
BLDG 2 UNIT 32  
MIAMI, FL 33186

## New Mailing Address:

3062 BIRD AVE  
UNIT D2  
MIAMI, FL 33133

FEI Number: 65-1288283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: D ( ) Delete  
Name: ARRUBLA, AICARDO  
Address: 2280 SW 32ND AVE APT 411  
City-St-Zip: CORAL GABLES, FL 33145

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ARRUBLA, AICARDO  
Address: 3062 BIRD AVE; D2  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: AICARDO ARRUBLA

D

01/08/2008

Electronic Signature of Signing Officer or Director

Date