


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90039 043 \*\*\*550.00

**DOCUMENT # P95000027903**

1. Entity Name  
**KOWELL CORPORATION**



Principal Place of Business  
**3850 SW 87 AVE., 306-A**  
**MIAMI, FL 33165 US**

Mailing Address  
**3850 SW 87 AVE., 306-A**  
**MIAMI, FL 33165 US**

2. Principal Place of Business  
**3850 S.W. 87 AVE**

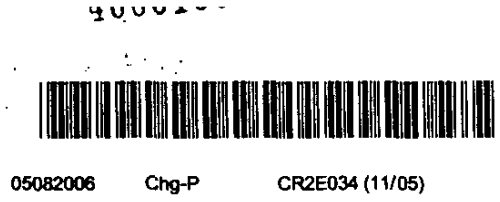
3. Mailing Address

Suite, Apt. #, etc.

City & State  
**MIAMI, Florida**

City & State

Zip  
**33165** Country  
**USA.**



6. Name and Address of Current Registered Agent

**FERNANDEZ, JOSE M**  
**10061 SW 90 AVE**  
**MIAMI, FL 33176**

4. FEI Number  
**65-0688489** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>FERNANDEZ, JOSE M</b> <b>10061 SW 90 AVE</b> <b>MIAMI, FL 33176</b> <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	<b>S</b> <b>FERNANDEZ, ANA M</b> <b>10061 SW 90TH AVE</b> <b>MIAMI, FL 33176</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained 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 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:** Jose M. Fernandez **05/08/06** **305-227-7366**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #