## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000008347

Entity Name: COWEN DESIGN, INC.

City-St-Zip: MIAMI, FL 33137

FILED Apr 30, 2009 Secretary of State

| Current F                   | Principal Place                           | e of Business:                      | New Principal Place                 | New Principal Place of Business:             |  |
|-----------------------------|---|-------------------------------------|-------------------------------------|--|--|
|                             | RTHEAST 2ND                               | AVENUE                              |                                     |  |  |
| STE 307<br>MIAMI, FL        | . 33137 US                                |                                     |                                     |  |  |
| Current N                   | Mailing Addres                            | ss:                                 | New Mailing Address                 | New Mailing Address:                         |  |
| 3841 NORTHEAST 2ND AVENUE   |   |                                     |                                     |  |  |
| STE 307<br>MIAMI, FL        | . 33137 US                                |                                     |                                     |  |  |
| FEI Number                  | r: 65-0655016                             | FEI Number Applied For ( )          | FEI Number Not Applicable ( )       | Certificate of Status Desired ( )            |  |
| Name and                    | d Address of (                            | Current Registered Agent:           | Name and Address o                  | f New Registered Agent:                      |  |
| 1521 SW                     | , TERRY J<br>LEJEUNE ROÆ<br>BABLES, FL 33 | · <del>···</del>                    |                                     |  |  |
|                             | e named entity<br>te of Florida.          | submits this statement for the      | e purpose of changing its registere | d office or registered agent, or both,       |  |
| SIGNATU                     | IRE:                                      |                                     |                                     |  |  |
|                             | Electro                                   | nic Signature of Registered A       | gent                                | Date   |  |
| Election Ca                 | ımpaign Financin                          | g Trust Fund Contribution ( ).      |                                     |  |  |
| OFFICER                     | S AND DIREC                               | TORS:                               | ADDITIONS/CHANGI                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address: | COWEN, MELI                               | ) Delete<br>NDA A<br>AST 2ND AVENUE | Title:<br>Name:<br>Address:         | () Change () Addition                        |  |

City-St-Zip:

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: MELINDA COWEN P 04/30/2009