

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000102055

Entity Name: COVIMED, INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

8390 W FLAGLER ST
SUITE 216
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

8390 W FLAGLER ST
SUITE 216
MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 65-0797641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, VICTOR N
8390 W FLAGLER ST
SUITE 216
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

SHAPIRO, DOUGLAS B
8390 W FLAGLER ST
SUITE 216
MIAMI, FL 33144 US

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: DOUGLAS SHAPIRO

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUAREZ, VICTOR N
Address: 8390 W FLAGLER ST 216
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHAPIRO, DOUGLAS B
Address: 8390 W FLAGLER ST 216
City-St-Zip: MIAMI, FL 33144

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: DOUGLAS SHAPIRO

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date