

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000107297

Entity Name: ARROW MED, INC.

FILED  
Feb 13, 2006  
Secretary of State

## Current Principal Place of Business:

13441 SW 97 CT.  
MIAMI, FL 33176

## New Principal Place of Business:

13860 SW 119 AVENUE  
MIAMI, FL 33186

## Current Mailing Address:

13441 SW 97 CT.  
MIAMI, FL 33176

## New Mailing Address:

13860 SW 119 AVENUE  
MIAMI, FL 33186

FEI Number: 65-0968465

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAY, PHILIP W II  
13441 SW 97 CT.  
MIAMI, FL 33176 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: DP ( ) Delete  
Name: RAY, PHILIP W II  
Address: 13441 SW 97 CT.  
City-St-Zip: MIAMI, FL 33176

Title: S ( ) Delete  
Name: RAY, MARIELA D  
Address: 13441 SW 97 CT.  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: PHILIP W. RAY II

DP

02/13/2006

Electronic Signature of Signing Officer or Director

Date