


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 663215**  
 1. Entity Name  
**CONINVEX, INC.**



Principal Place of Business      Mailing Address  
**2655 LEJEUNE ROAD**      **2655 LEJEUNE ROAD**  
**STE 802**      **STE 802**  
**CORAL GABLES, FL 33134**      **CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**



02022005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-1965865</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**MIR, HECTOR J.**  
**2655 LE JEUNE RD.,STE.1107**  
**CORAL GABLES, FL 33134**

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**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 \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GARCIA, FRANCES 16112 VIA MONTEVERDE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVM GARCIA, JUAN E 16112 VIA MONTEVERDE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVM GARCIA, JUAN A 8250 LOS PINOS CIR CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVM GARCIA, DAVID R 5781 SW 116 STREET CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/05/05-80039-018 150.00

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:** Juan E Garcia      Feb 1/05 305-442-9270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #