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Jun 09, 2006 8:00 am
Secretary of State

05-01-2006 90392 031 ***100.50
06-09-2006 90123 001 ****49.50
06-09-2006 90123 002 *****8.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000014406

1. Entity Name
CONEXION TOTAL, INC

66018317

04272006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
~~7059 SW 115 PLACE~~	~~7059 SW 115 PLACE~~
~~SUITE # C~~	~~SUITE # C~~
~~MIAMI, FL 33173~~	~~MIAMI, FL 33173~~

2. Principal Place of Business	3. Mailing Address
6332 S.W 139 Ct.	6332 S.W 139 Ct.
Suite, Apt. #, etc.: Miami, Fl	Suite, Apt. #, etc.: Miami, Fl
City & State: 33183	City & State: 33183
Zip: 33183 Country: Miami-Dade	Zip: 33183 Country: Miami-Dade

4. FEI Number ~~20-2227670~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NALVARTE, PIER
~~7059 SW 115 PLACE~~
~~SUITE # C~~
~~MIAMI, FL 33173~~

7. Name and Address of New Registered Agent

Name: Nalvarte, Pier
Street Address (P.O. Box Number is Not Acceptable): 6332 S.W 139 Ct.
City: Miami FL Zip Code: 33183

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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	PST NALVARTE, PIER ~~7059 SW 115 PLACE, SUITE # C~~ ~~MIAMI, FL 33173~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6332 S.W. 139 Ct. Miami, Fl 33183	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] PIER NALVARTE 04/29/2006 786-4263825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #