

2006 FOR PROFIT CORPORATION ANNUAL REPORT

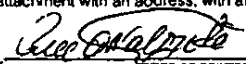
FILED
Jun 09, 2006 8:00 am
Secretary of State

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

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04272006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000014406			
1. Entity Name CONEXION TOTAL, INC			
Principal Place of Business 7059 SW 115 PLACE SUITE #C MIAMI, FL 33173		Mailing Address 7059 SW 115 PLACE SUITE #C MIAMI, FL 33173	
2. Principal Place of Business 6332 S.W. 139 Ct.		3. Mailing Address 6332 S.W. 139 Ct.	
Suite, Apt. #, etc. MIAMI, FL		Suite, Apt. #, etc. MIAMI, FL	
City & State 33183		City & State 33183	
Zip 33183	Country MICHA-DE	Zip 33183	Country MIAMI-DE
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	☒ Change ☒ Addition 6332 S.W. 139 Ct. MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  PIER NALVARTE		Date 04/29/2006 786-4263825	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	