

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 479071

Entity Name: CONARK, INC.

FILED
Jan 06, 2006
Secretary of State

Current Principal Place of Business:

600 N MASHTA DR
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

600 N MASHTA DR
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 59-1606634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CANAL, MARY ELLEN
600 N MASHTA DR
KEY BISCAYNE, FL 33149 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: PD () Delete
Name: CANAL, ARMANDO,
Address: 600 N MASHTA DR
City-St-Zip: KEY BISCAYNE, FL 0,

Title: VTD () Delete
Name: CANAL, CONSUELO,
Address: 600 N MASHTA DR
City-St-Zip: KEY BISCAYNE, FL 0,

Title: D () Delete
Name: CANAL, KATHLEEN,
Address: 600 N MASHTA DR
City-St-Zip: KEY BISCAYNE, FL 0,

Title: T () Delete
Name: CANAL, JOHN C
Address: 26530 SW 84TH AVENUE
City-St-Zip: MIAMI, FL 33157

Title: AT () Delete
Name: CANAL, CARMEN C
Address: 16188 SW 72ND TERRACE
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T (X) Change () Addition
Name: CANAL, JOHN C
Address: 15420 SW 84TH AVENUE
City-St-Zip: MIAMI, FL 33157

Title: AT (X) Change () Addition
Name: CANAL, CARMEN C
Address: 170 OCEAN LANE DRIVE, APT # 709
City-St-Zip: KEY BISCAYNE, FL 33149

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: ARMANDO CANAL

PD

01/06/2006

Electronic Signature of Signing Officer or Director

_____ Date