2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 479071

City-St-Zip:

KEY BISCAYNE, FL 33149

Entity Name: CONARK, INC.

FILED May 05, 2008 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
600 N MAS KEY BISCA	SHTA DR AYNE, FL 3314	9				
Current Mailing Address:				New Mailing Address:		
600 N MAS KEY BISCA	SHTA DR AYNE, FL 3314	9				
FEI Number:	59-1606634	FEI Number Applied For ()	FEI Num	nber Not Appli	licable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CANAL, MARY ELLEN 600 N MASHTA DR KEY BISCAYNE, FL 33149 US			CANAL, MARY ELLEN 1430 SOROLLA AVE CORAL GABLES, FL 33134 US			
The above in the State	named entity su of Florida.	ubmits this statement for the pu	irpose of	f changing it	its registered office or registered agent, or both,	
SIGNATURE: MARY ELLEN CANAL				05/05/2008		
	Electronic	Signature of Registered Agen	nt		Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive tl	he prior notice	ee.	
OFFICERS	AND DIRECT	ORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ()[CANAL, ARMANE 600 N MASHTA E KEY BISCAYNE,)R		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VTD ()[CANAL, CONSUE 600 N MASHTA E KEY BISCAYNE,	DR .		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ()[CANAL, KATHLE 600 N MASHTA I KEY BISCAYNE,	DR .		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T ()[CANAL, JOHN C 15420 SW 84TH MIAMI, FL 3315			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CANAL, CARMÉN	E DRIVE, APT # 709		Title: Name: Address: City-St-Zip:	AT (X) Change () Addition CANAL, CARMEN C 600 NORTH MASHTA DR KEY BISCAYNE, FL 33149	
Title: Name: Address:	S ()[CANAL, MARY E 600 NORTH MAS	Delete HTA DRIVE		Title: Name: Address:	S (X) Change () Addition CANAL, MARY E 1430 SOROLLA AVE	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

CORAL GABLES, FL 33134

SIGNATURE: MARY ELLEN CANAL S 05/05/2008