

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 479071

Entity Name: CONARK, INC.

FILED
Jul 09, 2009
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
1430 SOROLLA AVE
CORAL GABLES, FL 33134 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: 15420 SW 84TH AVENUE
City-St-Zip: MIAMI, FL 33157

Title: AT () Delete
Name: CANAL, CARMEN C
Address: 600 NORTH MASHTA DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S () Delete
Name: CANAL, MARY E
Address: 1430 SOROLLA AVE
City-St-Zip: CORAL GABLES, FL 33134

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

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

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

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.

SIGNATURE: ARMANDO CANAL

PD

07/09/2009

Electronic Signature of Signing Officer or Director

Date