


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 573677**  
1. Entity Name  
**CONESA ENTERPRISES, INC.**



000000424051  
02/18/06-80029-012 150.00

Principal Place of Business      Mailing Address  
**10745 SW 32ND STREET  
MIAMI, FL 33165**      **10745 SW 32ND STREET  
MIAMI, FL 33165**



01312006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-1915087**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**PEREZ, JOHN W  
10745 SW 32ND STREET  
MIAMI, FL 33165**

**DO NOT WRITE  
IN THIS SPACE**

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

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, JOHN W 10745 SW 32ND STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, ROGER 10745 SW 32ND STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PEREZ, NERIDA 10745 SW 32ND STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, ROBERT 10705 W. 32ST MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 119, 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

**SIGNATURE:**    
SIGNATURE AND TYPED OR PRINTED NAME

Daytime Phone #