


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 663215 1. Entity Name CONINVEX, INC.		
Principal Place of Business 2655 LEJEUNE ROAD STE 802 CORAL GABLES, FL 33134	Mailing Address 2655 LEJEUNE ROAD STE 802 CORAL GABLES, FL 33134	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MIR, HECTOR J. 2655 LE JEUNE RD., STE. 1107 CORAL GABLES, FL 33134		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GARCIA, FRANCES 16112 VIA MONTEVERDE DELRAY BEACH, FL 33446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVM GARCIA, JUAN E 16112 VIA MONTEVERDE DELRAY BEACH, FL 33446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVM GARCIA, JUAN A 8250 LOS PINOS CIR CORAL GABLES, FL 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVM GARCIA, DAVID R 5781 SW 116 STREET CORAL GABLES, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: <u>Juan E Garcia</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>Feb 1/05</u> 305-442-9270 <small>Daytime Phone #</small>



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1965865	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000216214
02/05/05-80039-018 150.00

**DO NOT WRITE
IN THIS SPACE**