

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 663215

Entity Name: CONINVEX, INC.

FILED  
Mar 03, 2006  
Secretary of State

## Current Principal Place of Business:

2655 LEJEUNE ROAD  
STE 802  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

2655 LEJEUNE ROAD  
STE 802  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 59-1965865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MIR, HECTOR J.  
2655 LE JEUNE RD., STE. 1107  
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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: GARCIA, FRANCES  
Address: 16112 VIA MONTEVERDE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: DVM ( ) Delete  
Name: GARCIA, JUAN E  
Address: 16112 VIA MONTEVERDE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: DVM ( ) Delete  
Name: GARCIA, JUAN A  
Address: 8250 LOS PINOS CIR  
City-St-Zip: CORAL GABLES, FL 33143

Title: DVM ( ) Delete  
Name: GARCIA, DAVID R  
Address: 5781 SW 116 STREET  
City-St-Zip: CORAL GABLES, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVM (X) Change ( ) Addition  
Name: GARCIA, JUAN A  
Address: 9001 S.W. 59TH COURT  
City-St-Zip: PINECREST, FL 33156

Title: DVM (X) Change ( ) Addition  
Name: GARCIA, DAVID R  
Address: 5921 S.W. 135TH STREET  
City-St-Zip: PINECREST, FL 33156

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: JUAN E. GARCIA

DVM

03/03/2006

Electronic Signature of Signing Officer or Director

Date