# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2007**
**Secretary of State**

DOCUMENT# 663215

**Entity Name:** CONINVEX, INC.

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition
Name: GARCIA, DAVID R
Address: 2655 LEJEUNE ROAD, SUITE 802
City-St-Zip: CORAL GABLES, FL 33134

Title: DVT (X) Change ( ) Addition
Name: GARCIA, JULIA H
Address: 2655 LEJEUNE ROAD, SUITE 802
City-St-Zip: CORAL GABLES, FL 33134

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 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: DAVID R GARCIA P 01/08/2007

Electronic Signature of Signing Officer or Director — Date