

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000003629

1. Entity Name
INVEX INTERNATIONAL, INC.



Principal Place of Business
601 BRICKELL KEY DRIVE, SUITE 400
MIAMI, FL 33131

Mailing Address
601 BRICKELL KEY DRIVE, SUITE 400
MIAMI, FL 33131



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1334449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, HAROLD L
2 SOUTH BISCAYNE BLVD., SUITE 2400
MIAMI, FL 33131

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	REYES-RETANA HIGUERA, GERARDO
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 400
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	V
NAME	AMAYA, SALVADOR
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 400
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	D
NAME	GUICHARD, JUAN B
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 400
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	D
NAME	DOUCET LEAUTAND, PATRICK
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 400
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	D
NAME	REYES-RETANA VALDEZ, CLEMENTE I
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 400
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	CO
NAME	BARRIENTOS, CARLOS
STREET ADDRESS	601 BRICKELL KEY DR SUITE 400
CITY-ST-ZIP	MIAMI, FL 33131

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02/14/08-80040-005 150.00

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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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

786. 425.1717