

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000331

FILED  
May 19, 2004  
Secretary of State

Entity Name: CONOVER HOLDINGS, INC.

## Current Principal Place of Business:

% NADIA EDWARDS, CPA  
290- 174TH ST #1510  
MIAMI BCH, FL 33160

## New Principal Place of Business:

## Current Mailing Address:

% NADIA EDWARDS, CPA  
290- 174TH ST #1510  
MIAMI BCH, FL 33160

## New Mailing Address:

FEI Number: 65-0544199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDWARDS, NADIA S CPA  
290- 174TH ST #1510  
MIAMI BCH, FL 33160 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCPS ( ) Delete  
Name: HARPAZ, AVI  
Address: 16 ARUGOT ST  
City-St-Zip: HERZLYIA 46364, ISRAEL,

Title: V ( ) Delete  
Name: EDWARDS, NADIA S  
Address: 290- 174TH ST #1510  
City-St-Zip: MIAMI BCH, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: AVI HARPAZ

PRES

05/19/2004

Electronic Signature of Signing Officer or Director

Date