

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000331

Entity Name: CONOVER HOLDINGS, INC.

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

% NADIA EDWARDS, CPA
290- 174TH ST #815
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

% NADIA EDWARDS, CPA
290- 174TH ST #1510
SUNNY ISLES BEACH, FL 33160

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:

EDWARDS, NADIA S CPA
290- 174TH ST #815
SUNNY ISLES BEACH, FL 33160 US

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:

04/19/2005

Electronic Signature of Registered Agent

Date

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: V (X) Change () Addition
Name: EDWARDS, NADIA S
Address: 290- 174TH ST #815
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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

P

04/19/2005

Electronic Signature of Signing Officer or Director

Date