## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P00000092937

Address:

City-St-Zip:

Entity Name: CONPILOG INTERNATIONAL COMPAN

FILED Jun 29, 2006 Secretary of State

Entity Name: CONPILOG INTERNATIONAL COMPANY							
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	OLA STREET TE, FL 32701	104-105					
Current Mailing Address:			New Mailing Address:				
452 OSCEOLA STREET 104-105 ALTAMONTE, FL 32701							
FEI Number:	FEI Number: 59-3673981 FEI Number Applied For ( )		FEI Number Not Applicable ( ) Certificate of Status Desired ( )			Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
	OHN J OLA STREET TE SPRINGS,						
	named entity s of Florida.	submits this statement for the p	ourpose of changing i	ts registered o	office or registered a	agent, or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Age	ent		Date		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	BOLIVAR, WILL	STREET 104-105	Title: Name: Address: City-St-Zip:	PINZON, LUIS	STREET 104-105		
Title: Name: Address: City-St-Zip:	PINZON, LUIS F	STREET 104-105	Title: Name: Address: City-St-Zip:	GARCIA, JOHN	STREET 104-105		
Title: Name: Address: City-St-Zip:	VELAZQUEZ, N	STREET 104-105	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	GARCIA, JOHN	STREET 104-105	Title: Name: Address: City-St-Zip:	LONDONO, LL	STREET 104-105		
Title: Name:	D () LONDONO, LUI	Delete S F	Title: Name:	D (X BOLIVAR, WIL	() Change()Addition .LIAM		

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.

Address:

City-St-Zip:

452 OSCEOLA STREET 104-105 ALTAMONTE, FL 32701

SIGNATURE: LUIS F. PINZON P 06/29/2006

452 OSCEOLA STREET 104-105

ALTAMONTE, FL 32701