

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000085740

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: COVEX PHARMA, INC.

**Current Principal Place of Business:**

2875 NE 191ST STREET  
302  
AVENTURA, FL 331802806 US

**New Principal Place of Business:**

**Current Mailing Address:**

2875 NE 191ST STREET  
302  
AVENTURA, FL 331802806 US

**New Mailing Address:**

FEI Number: 05-0526478      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YH&S ACCOUNTING & FINANCIAL CONSULTANTS  
2875 NE 191ST STREET  
SUITE # 302  
AVENTURA, FL 331802806 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: P      ( ) Delete  
Name: CALVO MONDELO, FERNANDO  
Address: 2875 NE 191ST STREET, SUITE # 302  
City-St-Zip: AVENTURA, FL 331802806 US

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: FERNANDO CALVO MONDELO

P

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date