

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000085740

Entity Name: COVEX PHARMA, INC.

FILED  
Apr 07, 2011  
Secretary of State

**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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CONDE, ANA ISABEL  
Address: 50 BISCAYNE BLVD., APT 4602  
City-St-Zip: MIAMI, FL 33132 US

I hereby 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 all other like empowered.

SIGNATURE: ANA ISABEL CONDE

D

04/07/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date