## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 10, 2006 8:00 am Secretary of State

DOCUMENT # P05000089502  1. Entity Name CONEX INTERNATIONAL CORP								04-10-2006 90341 012 ***150.00				
Principal Place of Business Ma				Mailing Address								
15071 SOUTH RIVER DRIVE MIAMI, FL 33167				P.O. BOX 524021 MIAMI, FL 33152			) ( <b>53</b> )( <b>53</b> )		IN <b>SSIG</b> I ISIN 4		1881 IJ 1884	
9. Dispiral Disport Designs												
2. Principal Place of Business				3. Mailing Address					88 3  8 3   84    80    83		\$   <b>0</b>	IES( I)  EE
Suite, Apt, #, etc.				Suite, Apt. #, etc.				02222006	Chg-P		34 (11/05)	
City & State				City & State				4. FEI Numbe 20-	30431	90		plied For t Applicable
Zip	Country		Z	Zip Co		try		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
MATEO	LIIC					Name						
MATEO, LUIS 15071 SOUTH RIVER DRIVE MIAMI, FL 33167						Street Address (P.O. Box Number is Not Acceptable)						
nt in						City FL Zip Code						
8. 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. I am familiar with, and accept												and accept
the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent s								when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fig. Trust Fund Contribution						ncing	<b>\$5</b> . Add	00 May Be ed to Fees				
10.		OFFICERS AND	DIREC	DIRECTORS 11.				ADDITIONS/	CHANGES TO OFF	FICERS ANI	DIRECTORS	S IN 11
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NAME	MATEO, LUIS				NAME STREE							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

you

3/1/06 786-443-940a