## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 26, 2007 8:00 am Secretary of State

DOCUMENT # P05000089502  1. Entity Name CONEX INTERNATIONAL CORP						03-26-2007 90064 046 ***158.75				
Principal Place of Business Mailing Address						4004	1279			
	P.O. BOX 524021	<u>-</u>			40041279					
15071 SOUT   Miami, Fl. 33	MIAMI, FL 33152									
Intravit, IL 33107										
2. Principal Place of Business - No P.O. Box # 3. Mailing Address								H BBIBI (B1/10 1/5/01 B1/11 B1/14 11		
Suite, Apt.		Suite, Apt. #, etc.				03222007	Chg-P	CR2E034 (12/06)		
30/F								<u> </u>		
Gity & State  City & State  City & State						4. FEI Number 20-3043	190	<del></del>	ot Applicable	
Zip	Country USA	Zip	try	5. Certificate of Status Desired \$8.75 Additional Fee Required				ditional		
، /رر	6. Name and Address of Current F	 Registered Agent		I		7. Name and A	ddress of New R		<del></del>	
C. Haine and Address of Current Registered Agent				Name		,				
MATEO, LUIS				Street Address (P.O. Box Number is Not Acceptable)						
15071 SOUTH RIVER DRIVE				Street A	ddress (	P.O. Box Number	is Not Acceptable	<del>9</del> )		
MIAMI, FL 33167			40	20/	NW	97	AVC. I	F30/F		
				City	<u> </u>	201		FL Zip Cox	le 2 / 7 Q	
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 a									and accept	
the above named entity submits this statement for the purpose of changing its registered office of registered agent, of both, in the state of Horida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
SIGNATURE Signature required when reinstating)  DATE  DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.						.00 May Be ed to Fees				
10.	OFFICERS AND I	DIRECTORS	11.			ADDITIONS/C	HANGES TO DEE	TICERS AND DIRECTOR	IS IN 11	
TITLE	P Jet	☐ Delete	TITLE		10			Change	Addition	
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NAME STREET ADORESS			MAM	EET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
	 certify that the information supplied with	Note Office date and according to			.L	d in Chanter 110	Florido Statutos	1 further eastiful that the	:-f	

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 like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/22/07

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