


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-26-2007 90064 046 ***158.75

DOCUMENT # P05000089502		
1. Entity Name CONEX INTERNATIONAL CORP		

40041273



03222007 Chg-P CR2E034 (12/06)

Principal Place of Business 15071 SOUTH RIVER DRIVE MIAMI, FL 33167		Mailing Address P.O. BOX 524021 MIAMI, FL 33152	
2. Principal Place of Business - No P.O. Box # 4001 NW 97 AVE		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc. 301F		Suite, Apt. #, etc.	
City & State DORAL, FL		City & State	
Zip 33178	Country USA	Zip	Country

4. FEI Number 20-3043190	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent MATEO, LUIS 15071 SOUTH RIVER DRIVE MIAMI, FL 33167		7. Name and Address of New Registered Agent Name LUIS MATEO Street Address (P.O. Box Number is Not Acceptable) 4001 NW 97 AVE. #301F City DORAL FL Zip Code 33178	
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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 the obligations of registered agent.

SIGNATURE  DATE **3/22/07**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATEO, LUIS 15071 SOUTH RIVER DR. MIAMI, FL 33167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUIS MATEO 4001 NW 97 AVE. #301F MIAMI, FL 33178 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **President** DATE **3/22/07** DAYTIME PHONE # **305-418-8844**