

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90058 003 \*\*\*150.00

<b>DOCUMENT # P93000019751</b> 1. Entity Name <b>CONNEX MIAMI ,INC.</b>			
Principal Place of Business <b>100 LINCOLN ROAD SUITE 934 MIAMI BEACH, FL 33139</b>		Mailing Address <b>1313 EL RADO ST CORAL GABLES, FL 33134</b>	
2. Principal Place of Business <b>520 Brickell Key Drive</b>		3. Mailing Address <b>520 Brickell Key Dr.</b>	
Suite, Apt. #, etc. <b>811</b>		Suite, Apt. #, etc. <b>811</b>	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33131</b>		Zip <b>33131</b>	
Country 		Country 	
4. FEI Number <b>65-0445426</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>PUEHRINGER, JOSEF</b> <b>1313 EL RADO ST</b> <b>MIAMI, FL 33134</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Josef Puehringer</b> Street Address (P.O. Box Number is Not Acceptable) <b>520 Brickell Key Dr. #811</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> NAME <b>PUEHRINGER JOSEF</b> <input type="checkbox"/> Delete STREET ADDRESS <b>100 LINCOLN RD., 934</b> CITY-ST-ZIP <b>MIAMI BEACH, FL 33139</b>	TITLE <b>Josef Puehringer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>520 Brickell Key Drive #811</b> STREET ADDRESS <b>Miami, FL 33131</b> CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>3.26.04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date Daytime Phone #</small>			