

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000034702

1. Entity Name

CONAMARIS INVESTMENT, CORP.



Principal Place of Business

7144 S.W. 69TH CT  
MIAMI, FL 33143

Mailing Address

7144 S.W. 69TH CT  
MIAMI, FL 33143



04242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0412433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONCILIO, DOMINGO  
7144 S.W. 69TH CT  
MIAMI, FL 33143

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TS  
CONCILIO, DOMINGO  
7144 S.W. 69TH CT  
MIAMI, FL 33143

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P  
CONCILIO, JOSEFINA A  
7144 SW 69TH CT  
MIAMI, FL 33143

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V  
CONCILIO, JOE  
7144 S.W. 69TH CT  
MIAMI, FL 33143

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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05/15/06-80016-009 150.00

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOMINGO CONCILIO  
TREASURER

4/24/06 (305) 268-7246

Date

Daytime Phone #