


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90038 014 ***150.00

DOCUMENT # P95000071164

1. Entity Name
CONEXION, INC.



Principal Place of Business Mailing Address

260 CRANDON BLVD, PMB 156 **260 CRANDON BLVD, PMB 156**
SUITE 32-156 **SUITE 32-156**
KEY BISCAYNE, FL 33149 US **KEY BISCAYNE, FL 33149 US**

00019413



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

02062006 Chg-P CR2E034 (11/05)

City & State City & State

Zip Country Zip Country

4. FEI Number
65-0634094 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HANABERGH, LAWRENCE
630 SANTURCE AVENUE
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name **LAWRENCE HANABERGH**
 Street Address (P.O. Box Number is Not Acceptable)
1451 South Miami Avenue
APT 2004
 City **Miami** FL Zip Code **33130**

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: _____ (NOTE: Registered Agent signature required when re-registering) 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	D	<input type="checkbox"/> Delete
NAME	HANABERGH, LAWRENCE	
STREET ADDRESS	630 SANTURCE AVENUE	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANABERGH, LAWRENCE	
STREET ADDRESS	1451 South Miami Ave - APT 2004	
CITY-ST-ZIP	Miami, FL 33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: 