

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90082 043 \*\*\*150.00

**DOCUMENT # P95000071164**

1. Entity Name  
**CONEXION, INC.**



Principal Place of Business  
**260 CRANDON BLVD  
SUITE 32-156  
KEY BISCAYNE FL 33149  
US**

Mailing Address  
**260 CRANDON BLVD  
SUITE 32-156  
KEY BISCAYNE FL 33149  
US**



2. Principal Place of Business  
**PMB 156  
260 CRANDON BLVD**

3. Mailing Address  
**PMB 156  
260 CRANDON BLVD**

Suite, Apt. #, etc.  
**SUITE 32-156**

Suite, Apt. #, etc.  
**SUITE 32-156**

City & State  
**Key Biscayne, FL**

City & State  
**Key Biscayne, FL**

CHECK HERE IF MAKING CHANGES

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  
3400 S.W. 27TH AVENUE  
SUITE 804  
MIAMI FL 33133**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HANABERGH, LAWRENCE</b> <b>3400 S.W. 27TH AVE-SUITE 804</b> <b>MIAMI FL 33133</b>	<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 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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **MARCH 4, 2003** Daytime Phone # **305 8569842**

CR2E034 (10/02)