


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 10, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P96000005892</b> 1. Entity Name INNOVEX INVESTMENT COMPANY		
Principal Place of Business 713 FIRST ATLANTIC BLVD POMPANO BEACH, FL 33060	Mailing Address 713 FIRST ATLANTIC BLVD POMPANO BEACH, FL 33060	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  SOUTHEAST ACCOUNTING & TAX GROUP INC 713 FIRST ATLANTIC BLVD POMPANO BEACH, FL 33060		<b>DO NOT WRITE IN THIS SPACE</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 reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>	DATE 02/21/06-80070-010 150.00
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOLANO, RAFAEL R 5000 NORTH OCEAN BLVD FT LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSON, PETER 713 FIRST ATLANTIC BLVD POMPANO BEACH, FL 33060	
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TITLE 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: <u>Rafael Molano</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2.706</u> <small>Date</small>



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0689984

Applied For

Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

Daytime Phone #