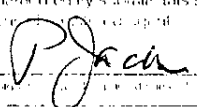


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90057 039 ***150.00

DOCUMENT # P96000005892					
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		
2. Principal Place of Business - No P.O. Box # 713 EAST ATLANTIC BLVD		3. Mailing Address 713 EAST ATLANTIC BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent SOUTHEAST ACCOUNTING & TAX GROUP INC 713 FIRST ATLANTIC BLVD POMPANO BEACH, FL 33060			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 713 EAST ATLANTIC BLVD 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 obligation of the registered agent.					
SIGNATURE  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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	PD MOLANO, RAFAEL R 5000 NORTH OCEAN BLVD FT LAUDERDALE, FL 33308 ☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D JACOBSON, PETER 713 FIRST ATLANTIC BLVD POMPANO BEACH, FL 33060 ☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☒ Change ☐ Addition 713 EAST ATLANTIC BLVD	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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 owner 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 in the list of authorized officers, with all other like empowered.					
SIGNATURE:  DATE 2/14/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RAFAEL MOLANO					