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

02012007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
713 EAST ATLANTIC BLVD
Suite, Apt #, etc.
City & State
Zip Country

3. Mailing Address
713 EAST ATLANTIC BLVD
Suite, Apt #, etc.
City & State
Zip Country

4. FEI Number 65-0689984 | Applied For | Not Applicable

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

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 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, 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	713 EAST ATLANTIC BLVD	☒ Change ☐ Addition
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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: [signature] 2/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

RAFAEL MOLANO