

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90009 022 \*\*\*150.00

<b>DOCUMENT # P96000005892</b>					
<b>1. Entity Name</b> INNOVEX INVESTMENT COMPANY					
<b>Principal Place of Business</b> 713 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060			<b>Mailing Address</b> 713 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060		
<b>2. Principal Place of Business - No P.O. Box #</b> 5000 N. OCEAN BLVD.		<b>3. Mailing Address</b> 5000 N. OCEAN BLVD			
Suite, Apt. #, etc. 1701		Suite, Apt. #, etc. 1701			
<b>City &amp; State</b> LAUDERDALE B.T. SEA		<b>City &amp; State</b> LAUDERDALE B.T. SEA		<b>4. FEI Number</b> 65-0689984	
<b>Zip</b> 33308		<b>Country</b> BROWARD		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> SOUTHEAST ACCOUNTING & TAX GROUP INC 743 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060			<b>7. Name and Address of Now Registered Agent</b> Name: <b>FERNANDO VALGAS</b> Street Address (P.O. Box Number is Not Acceptable): 4900 N. OCEAN BLVD # 703 City: <b>FT LAUDERDALE</b> FL <b>33308</b>		
<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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> MOLANO, RAFAEL R		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 5000 NORTH OCEAN BLVD	<b>CITY-ST-ZIP</b> FT LAUDERDALE, FL 33308		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> JACOBSON, PETER		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 713 EAST ATLANTIC BLVD	<b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33060		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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 an officer line empowered.</b>					
<b>SIGNATURE:</b>			RAFAEL MOLANO PD		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/12/08		
<small>DATE</small>			954 942 6908		
<small>DAYTIME PHONE #</small>					

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