

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # S39695 1. Entity Name IMNEX INTERNATIONAL CORPORATION	
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Principal Place of Business 801 W MCNAB RD POMPAHO BEACH, FL 33060 US	Mailing Address 671 NW 48TH AVE COCONUT CREEK, FL 33063-4636 US
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04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0252104	Applied For Not Applicable
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5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAGE, HENRI M. 801 W MCNAB RD. POMPAHO BEACH, FL 33060
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**DO NOT WRITE
IN THIS SPACE**

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 terminating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100100519084
05/02/06-80037-024 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGE, HENRI M. 671 NORTHWEST 48TH AVE. COCONUT CREEK, FL
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IN THIS SPACE**

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 registered agent 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: *Henri M. Hage* **HAGE** 4/14/06 154-783-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #