2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90278 050 ***150.00

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1. Entity Name
C-MIX, CORP. dba
CERAGROUP Industries, Inc.

Principal Place of Business	Mailing Address
~~1395 NW 71TH AVE~~	~~1395 NW 71TH AVE~~
~~STE 101~~	~~STE 101~~
~~DELRAY BEACH, FL 33445~~	~~DELRAY BEACH, FL 33445~~

2. Principal Place of Business		3. Mailing Address	
6555 NW 9th Ave		Same	
Suite, Apt. #, etc. 211		Suite, Apt. #, etc.	
City & State Ft. Lauderdale Fl		City & State	
Zip 33309	Country	Zip	Country

4. FEI Number 65-0858225 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENFIELD, FRED
9733 ARBOR OAKS LANE #30
BOCA RATON, FL 33428

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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, 2005 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	D	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	ROSENFIELD, FRED		NAME		
STREET ADDRESS	~~1395 NW 71TH AVE STE 101~~		STREET ADDRESS	6555 NW 9th Ave # 211	
CITY-ST-ZIP	~~DELRAY BEACH, FL 33445~~		CITY-ST-ZIP	Ft. Lauderdale, Fl 33309	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: