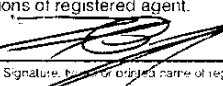


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2005 90278 050 ***150.00

DOCUMENT # P98000073584					
1. Entity Name C-MIX, CORP. <i>dba</i> CERAGROUP INDUSTRIES, Inc.					
Principal Place of Business 1305 NW 71TH AVE STE 101 DELRAY BEACH, FL 33445			Mailing Address 1395 NW 71TH AVE STE 101 DELRAY BEACH, FL 33445		
2. Principal Place of Business 6555 NW 9th Ave		3. Mailing Address SAME			
Suite, Apt. #, etc. 211		Suite, Apt. #, etc.			
City & State FT. Lauderdale FL		City & State			
Zip 33309		Country		Country	
4. FEI Number 65-0858225					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ROSENFELD, 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, in ink, or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 NAME STREET ADDRESS CITY-ST-ZIP	D ROSENFELD, FRED 1395 NW 71TH AVE STE 101 DELRAY BEACH, FL 33445 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6555 NW 9th Ave # 211 FT. Lauderdale, FL 33309 ☒ Change ☐ Addition	
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 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: 