2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# P02000011463

Entity Name: CONSUMER SUPPORTS ASSOCIATES, INC.

Current Principal Place of Business:

7900 NW 27TH NW
SUITE 240
MIAMI, FL 33417

New Principal Place of Business:

Current Mailing Address:

PO BOX 245158
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 03-0374526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIVENS, WILLIE MARY
2323 NW 85 STREET
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

GIVENS, WILLIE MARY
6840 N.W. 12TH AVENUE
MIAMI, FL 33127 US

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.

SIGNATURE: WILLIE MARY GIVENS 01/06/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GIVENS, WILLIE MARY
Address: 1555 SW 109 AVENUE #102
City-St-Zip: PEMBROKE PINES, FL 33124

Title: SD ( ) Delete
Name: PEREZ, LIZETTE
Address: 445 NW 4 ST. #1402
City-St-Zip: MIAMI, FL 33128

Title: TD ( ) Delete
Name: MORTIMER, LEFARIES
Address: 3230 NW 151 TERRACE
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: MORTIMER, LA FARIES
Address: 3230 NW 151 TERRACE
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LA FARIES MORTIMER TD 01/06/2004
Electronic Signature of Signing Officer or Director Date