

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000061887

FILED
Mar 30, 2004
Secretary of State

Entity Name: CONSUMER DYNAMIX CORP.

Current Principal Place of Business:

1207 NE 92 ST
MIAMI SHORES, FL 33138

New Principal Place of Business:

C/O RONNY J. HALPERIN, PA
312 SE 17TH ST., SECOND FLOOR
FT. LAUDERDALE, FL 33316

Current Mailing Address:

1207 NE 92 ST
MIAMI SHORES, FL 33138

New Mailing Address:

C/O RONNY J. HALPERIN, PA
312 SE 17TH ST., SECOND FLOOR
FT. LAUDERDALE, FL 33316

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, CHRISTOPHER P
11098 BISCAYNE BLVD, STE 205
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

RONNY J. HALPERIN, PA
312 SE 17TH ST
SECOND FLOOR
FT. LAUDERDALE, FL 33316 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: RONNY HALPERIN, PRES.

03/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SEPE, KEVIN
Address: 1207 NE 92 ST
City-St-Zip: MIAMI SHORES, FL 33138

Title: D () Delete
Name: OXSALIDA, KEN
Address: 12000 BISCAYNE BLVD, STE 607
City-St-Zip: N MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SEPE, KEVIN
Address: 4770 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

Title: D (X) Change () Addition
Name: OXSALIDA, KEN
Address: 4770 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

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: KEVIN SEPE

D

03/30/2004

Electronic Signature of Signing Officer or Director

Date