2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 02, 2004 8:00 am Secretary of State DOCUMENT # P98000069668 1. Entity Name 04-02-2004 90045 040 ***150.00 C.D.F. INDUSTRIES CORP. Principal Place of Business Mailing Address 2843 NORTHSIDE DRIVE LANTANA FL 33462 2843 NORTHSIDE DRIVE LANTANA FL 33462 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE Applied For 4. FEI Number City & State City & State 65-0856334 Not Applicable Zip Zip Country \$8.75 Additional Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAMOTHE, FERNAND 721 SE 17TH ST FORT LAUDERDALE FL 33316 8. The above named entity submits this statement for the purpose of its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Delete TITLE TITLE BEAULIEU, FRANCOIS NAME NAME 2843 NORTHSIDE DR. STREET ADDRESS STREET ADDRESS LANTANA FL 33462 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete BILODEAU, STEPHANE NAME STREET ADDRESS 4056 NW 6TH ST. STREET ADDRESS DEERFIELD FL 33442 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE 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

FILED

03-30-04