


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90020 019 ***150.00

DOCUMENT # S10075	
1. Entity Name THE CONSIGNMENT EXCHANGE, INC.	

Principal Place of Business 3015 S. OCEAN BLVD. 4A HIGHLAND BEACH, FL 33487	Mailing Address PO BOX 1617 BOCA RATON, FL 33429
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24003887



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01142004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0230103	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THEODORA PARISI 5085 MONTEREY LANE DELRAY BEACH, FL 33484	7. Name and Address of New Registered Agent Name THEODORA MANNINO Street Address (P.O. Box Number is Not Acceptable) 3015 S OCEAN BLVD APT 4A City HIGHLAND BEACH FL Zip Code 33487
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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: *Theodora Mannino* DATE: **1-15-04**

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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARISI, THEODORA S		NAME PARISI, THEODORA S	
STREET ADDRESS 5085 MONTEREY LANE		STREET ADDRESS 3015 S OCEAN BLVD #4A	
CITY-ST-ZIP DELRAY BEACH, FL		CITY-ST-ZIP HIGHLAND BEACH FL 33487	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANNINO, THEODORA A		NAME MANNINO, THEODORA A	
STREET ADDRESS 3015 S OCEAN BLVD #4A		STREET ADDRESS 3015 S OCEAN BLVD #4A	
CITY-ST-ZIP BOCA RATON, FL		CITY-ST-ZIP HIGHLAND BEACH FL 33487	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: *Theodora Mannino* DATE: **1-15-04** DAYTIME PHONE: **561-2652903**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR