FILED
Apr 07, 2003 8:00 am
Secretary of State
03-19-2003 90139 005 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S10075

1. Entity Name
THE CONSIGNMENT EXCHANGE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3015 S OCEAN BLVD	PO BOX 1617
Suite, Apt. #, etc. 4A	Suite, Apt. #, etc.
City & State HIGHLAND BEACH FL	City & State BOCA RATON
Zip 33487 Country US	Zip 33429 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0230103 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name THEODORA PARISI
Street Address (P.O. Box Number is Not Acceptable)
5085 MONTEREY LANE
City DELRAY BEACH FL Zip Code 33484

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] THEODORA PARISI PRESIDENT 4/2/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	PARISI THEODORA S
STREET ADDRESS	5085 MONTEREY LANE
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	VP
NAME	MANNINO THEODORA A
STREET ADDRESS	3015 S OCEAN BLVD #4A
CITY-ST-ZIP	HIGHLAND BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Theodora Mannino V.P. 3/15/03 561-265-2903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
THEODORA MANNINO