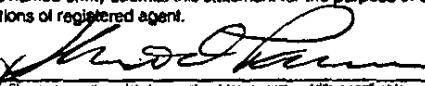
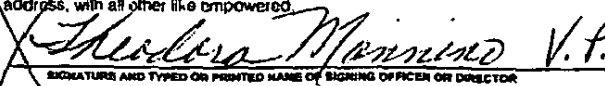


FILED
Apr 07, 2003 8:00 am
Secretary of State

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 3015 S OCEAN BLVD Suite, Apt. #, etc. 4A		3. Mailing Address PO BOX 1617 Suite, Apt. #, etc.	
4. State FL City & State BOCA RATON Zip 33487 Country US		4. FEI Number 65-0230103 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		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  THEODORA PARISI PRESIDENT 4/2/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)			
January 1 - May 1 Fee \$15.00 After May 1 Fee is \$50.00 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 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	
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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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/15/03 561-265-3903 Date Daytime Phone	

CR2E034B (12/02)