

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000169778

**Entity Name:** CCDX, INC.

**Current Principal Place of Business:**

1500 SAN REMO AVE STE 125  
CORAL GABLES, FL 33146

**Current Mailing Address:**

C/O MICHAEL SPRITZER, CPA  
2525 PONCE DE LEON BOULEVARD, 10TH FLOOR  
CORAL GABLES, FL 33134

**FEI Number:** 20-2043714

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE STE 125  
CORAL GABLES, FL 33146 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PSD  
Name SPRITZER, MICHAEL  
Address 2525 PONCE DE LEON BLVD 10TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHAEL SPRITZER

PSD

01/10/2014

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date