


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90044 044 \*\*\*150.00

**DOCUMENT # P94000001438**

1. Entity Name  
**600 HOLDINGS, INC.**



Principal Place of Business      Mailing Address  
~~600 N. FEDERAL HIGHWAY~~      ~~600 N. FEDERAL HIGHWAY~~  
~~BOCA RATON FL 33432~~      ~~BOCA RATON FL 33432~~

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**22595 Esplanada Circle**      **22595 Esplanada Circle**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Boca Raton FL**      **Boca Raton FL**  
 Zip      Country      Zip      Country  
**33433**      **USA**      **33433**      **USA**

4. FEI Number      Applied For  
**65-0456237**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEVY, DAVID**  
**600 N. FEDERAL HIGHWAY**  
**BOCA RATON FL 33432**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2927 N.W. 23<sup>RD</sup> COURT**  
 City      State      Zip Code  
**Boca Raton**      **FL**      **33433**

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 \_\_\_\_\_ 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**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVY, DAVID 600 N. FEDERAL HIGHWAY BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DRANOFF, MORTON F. 22595 ESPLANADA CIR BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>2927 N.W. 23<sup>RD</sup> COURT</b> <b>33433</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>22595 ESPLANADA CIRCLE</b> <b>33433</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 all other like empowered.

**SIGNATURE:** *David Levy*      MORTON F DRANOFF      4.18.08      1.561.347.984  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #