

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000037287

1. Entity Name
606 LEXINGTON INC.



Principal Place of Business
676 W. PROSPECT RD.
FT LAUDERDALE, FL 33309

Mailing Address
676 W. PROSPECT RD.
FT LAUDERDALE, FL 33309



02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0849953

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PENN, JOY
676 W. PROSPECT RD.
FT LAUDERDALE, FL 33309

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME WILLRUTH, BART
STREET ADDRESS 676 W. PROSPECT RD
CITY-ST-ZIP FT LAUDERDALE, FL 33309

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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04/28/04-80039-025 150.00

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-04 9546129004
Date Daytime Phone #