

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000037287 1. Entity Name 606 LEXINGTON INC.	
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Principal Place of Business 676 W. PROSPECT RD. FT LAUDERDALE, FL 33309	Mailing Address 1419 W NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442
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02112008 No Chg-P CR2E034 (11/05)

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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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLRUTH, BART 676 W. PROSPECT RD FT LAUDERDALE, FL 33309
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U000000828340 02/25/08-80009-004 150.00 DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **BART WILLRUTH** 2-11-08 954-429-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #