

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000023316

Entity Name: THESIX, CORP.

FILED
Jan 24, 2007
Secretary of State

Current Principal Place of Business:

CCS 6392. 11010 NW 30TH STREET
SUITE 104
MIAMI, FL 33172

Current Mailing Address:

CCS 6392. P.O. BOX 025323
MIAMI, FL 33102

New Principal Place of Business:

4980 S.W. 52 STREET
SUITE 122
DAVIE, FL 33314

New Mailing Address:

4980 S.W. 52 STREET
SUITE 122
DAVIE, FL 33314

FEI Number: 65-1094707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARTNER, JOHN
1135 CHERRYPALM LANE
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

ZEIGEN, MIKE
4980 S.W. 52 STREET
SUITE 122
DAVIE, FL 33314 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: MIKE ZEIGEN

01/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARTNER, JOHN
Address: 1135 CHERRYPALM LANE
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: ZEIGEN, MIKE
Address: CCS 6392. 11010 NW 30TH STREET, SUITE 104
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: CRIVOSEI, JAIME
Address: CCS 6392. 11010 NW 30TH STREET, SUITE 104
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: HANTOS, ROBERTO
Address: CCS 6392. 11010 NW 30TH STREET, SUITE 104
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: BERAHA, JOSEF
Address: CCS 6392. 11010 NW 30TH STREET, SUITE 104
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: HOLDER, ALEJANDRO
Address: CCS 6392. 11010 NW 30TH STREET, SUITE 104
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ZEIGEN, MIKE
Address: 4980 S.W. 52 STREET
City-St-Zip: DAVIE, FL 33314

Title: D (X) Change () Addition
Name: CRIVOSEI, JAIME
Address: 4980 S.W. 52 STREET
City-St-Zip: DAVIE, FL 33314

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN GARTNER

P

01/24/2007

Electronic Signature of Signing Officer or Director

Date