2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90667 019 ***150.00

DOCUMENT # P03000102738

1. Entity Name
BUSINESS 600 CORPORATION

Principal Place of Business	Mailing Address
183 SUNNY ISLES BLVD. SUNNY ISLES BEACH, FL 33160	183 SUNNY ISLES BLVD. SUNNY ISLES BEACH, FL 33160

03262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
18851 N.E. 29th AVE.	18851 N.E. 29th AVE.
Suite, Apt. #, etc. 722	Suite, Apt. #, etc. 722
City & State AVENTURA, FLA.	City & State AVENTURA, FLA.
Zip 33180 Country U.S.A.	Zip 33180 Country U.S.A.

4. FEI Number 20-0257571 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROUSSO, MARK E ESQ. 18851 N.E. 29TH AVE., STE. 900 AVENTURA, FL 33180	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 reinstating) DATE

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GROSSKOPF, MANUEL 183 SUNNY ISLES BLVD. SUNNY ISLES BEACH, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 18851 N.E. 29th AVE. #722 AVENTURA, FLA. 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SAAL, JOSE N 183 SUNNY ISLES BLVD. SUNNY ISLES BEACH, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 18851 N.E. 29th AVE., #722 AVENTURA, FLA. 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Date Daytime Phone #