

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000048764

FILED  
Mar 20, 2008  
Secretary of State

Entity Name: SQUARE 6, INC.

## Current Principal Place of Business:

1243 WATER LILY LANE  
ROCKLEDGE, FL 32955

## New Principal Place of Business:

## Current Mailing Address:

1243 WATER LILY LANE  
ROCKLEDGE, FL 32955

## New Mailing Address:

FEI Number: 20-4855215      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CULMER, JOSEPH E ESQ.  
230 S. COURTENAY PARKWAY  
MERRITT ISLAND, FL 32952      US

## Name and Address of New Registered Agent:

CULMER, JOSEPH E ESQ.  
1241 FLORIDA AVE, S.  
ROCKLEDGE, FL 32955      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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/20/2008

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P      ( ) Delete  
Name: CULMER, VIVIANA MIRA  
Address: 1243 WATER LILY LANE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP      ( ) Delete  
Name: MIRA, LUZ S  
Address: 1243 WATER LILY LANE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: T      ( ) Delete  
Name: MIRA, FROILAN  
Address: 1243 WATER LILY LANE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: S      ( ) Delete  
Name: MIRA, MILENA A  
Address: 1243 WATER LILY LANE  
City-St-Zip: ROCKLEDGE, FL 32955

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P      (X) Change ( ) Addition  
Name: MIRA-CULMER, VIVIANA  
Address: 1243 WATER LILY LANE  
City-St-Zip: ROCKLEDGE, FL 32955

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: VIVIANA MIRA-CULMER

Electronic Signature of Signing Officer or Director

P

03/20/2008

Date