2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 20, 2008 8:00 am Secretary of State 05-22-2008 90015 022 ***150.00

DOCUMENT # P0700068708 1. Entity Name HEADLIGHT DOCTOR VI, INC.						05-22-200	8 9001:	5 022 ***	150.00
Principal Place of Business Mailing Address 2171 KUDZA ROAD WEST PALM BEACH, FL 33415 US WEST PALM BEACH, FL 33415				US	1	1 42111 14811 84171 84171 8477	A OTHE PILL	18111 1811 18 16 1	i 118 k f út 1 18 1
2. Principal P	lace of Business - No. P.O. Box #	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04292008	Chg-P	CR2E	034 (12/06)	
City & State		City & State			4. FEI Numb	46 110	15		oplied For ot Applicable
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New R	legistered	Agent	
JOHN PORTER ACCOUNTING INC 400 S FEDERAL HWY				Street Address (P.O. Box Number is Not Acceptable)					
404 BOYNTON BEACH, Fla. 33435				,				•	
· · · · · · · · · · · · · · · · · · ·			}	City			FI	Zip Cod	le
8. The above the obligat SIGNATURE	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent			ed office or register		th, in the State of Fic	oxida. I arr	ı famillar with,	and accept
	E NOWIII FEE IS \$150.00 by 1, 2008 Fee will be \$550.	9. Election Campi 00 Trust Fund Con			.00 May 8e led to Fees	ÿ			
10.	P OFFICERS AND		11.	1	ADDITIONS	CHANGES TO OFF	ICERS AN		·
NAME STREET ADDRESS CITY-ST-ZIP	RODRIGUEZ, ANTHONY 2171 KUDZA ROAD 51			i				☐ Change	Addition
STREET ADDRESS CITY+ST-ZP		☐ Deleta		Į.				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				l l			·	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	4	IT ADDRESS ST-ZIP				☐ Change	☐ Addition
TITLE MAKE STREET ADDRESS CITY-ST-ZIP		☐ Delette	1					Change	Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Octobs	спү-	T ADDRESS S1-ZP				☐ Change	Addition
indicated of the cor changed,	certify that the information supplied with on this report or supplemental report is portation or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that	my signatu	ure shall have the :	samo legai effec	t as if made under d	ath: that l	em an officer	or director
SIGNAT	URE:	PRINTED HAME OF BIGHING OFFICE	77CL	DR	0	14/24/08 Deci	-	Deytime Prone 8	