

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 27, 2006 8:00 am
Secretary of State

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DOCUMENT # P93000057540					
4. Entity Name 516 HOLDINGS, INC.					
Principal Place of Business 5553 W WATERS AVE STE 307 TAMPA, FL 33634			Mailing Address 2 S BISCAYNE BLVD SUITE 3400 MIAMI, FL 33634		
2. Principal Place of Business 4230 W. Linebaugh Ave.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, Florida		City & State		4. FEI Number 59-3231453	
Zip 33624		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES INC 2 S BISCAYNE BLVD, SUITE 3400 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: GY Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 2 S. Biscayne Blvd., Suite 3400 City: Miami FL Zip Code: 33131		
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: Mark J. Scheer, President DATE: 4/18/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DPST	NAME MILLER, BRAD		TITLE DPST		
STREET ADDRESS 5553 W WATERS AVE #307	CITY-ST-ZIP TAMPA, FL 33634		NAME Miller, Brad		
STREET ADDRESS 4230 W. Linebaugh Ave.			CITY-ST-ZIP Tampa, Florida 33624		
<input checked="" type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: BRAD MILLER 3/30/06 813.885.5573 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					