

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90021 035 ***158.75

DOCUMENT # P96000006891

1. Entity Name
SIX-TWENTY, INC.



Principal Place of Business

804 OCEAN DRIVE
2ND FLOOR
MIAMI BEACH, FL 33139

Mailing Address

804 OCEAN DRIVE
2ND FLOOR
MIAMI BEACH, FL 33139

40030600



DO NOT WRITE IN THIS SPACE

01022007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0663225

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COURTNEY, MARLO
804 OCEAN DRIVE 2ND FLOOR
MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
GOLDMAN, R. ANTHONY
804 OCEAN DRIVE 2ND FLOOR
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
SREBNICK, JESSICA G
804 OCEAN DRIVE 2ND FLOOR
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-07 305-531-4411

Date

Daytime Phone #