## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # V46280**

1. Entity Name

SIX FIGURE INVESTMENTS, INC.



**FILED** Jan 07, 2008 08:00 AN Secretary of State

Principal Place of Business

9100 S. DADELAND BLVD **SUITE 1600** 

MIAMI, FL 33156 US

Mailing Address

9100 \$. DADELAND BLVD **SUITE 1600** 

MIAMI, FL 33156 US



DO NOT WRITE	IN THIS SPACE
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01032008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number

65-0341734

Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

FROST, IRWIN 1111 BRICKELL AVE **SUITE 2050** MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	d office or r	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	,	, ,			r ,
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	व्यक्ति स्वयक्ति वृ
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADLER, LESLIE 9100 S DADELAND BLVD., SUITE 16 MIAMI, FL 331567815	00			U00000774183 01/07/08-80004-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITTELBERG, RICKEY I. 9100 S DADELAND BLVD., STE 1600 MIAMI, FL 331567815				
TITLE NAME STREET ADDRESS CITY+ST+ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
THILE					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes | 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 repower 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 all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #