2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

1. Entity Name SOUTHEAST ASIAN RELIEF, INC.								01-20-2004	90060 0	18 ****61.2	25
Principal Place 3500 5TH A STE F	VE N	·	Mailing Addres P.O. BOX 150 ST. PETERSB		3 US) []	# 8/171. Talah Jawa 81/10		alb ir bibli bibli bil	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u> -</u>		01142004	Chg-NP	CR2E	037 (10/03)		
City & Stat	e		City & State				4. FEI Numb 59-227				oplied For ot Applicable
Zip		Country	Zip	C	Country		5. Certificate	of Status Desired		\$8.75 Add	ditional
	6. Name	and Address of Current I	Registered Agent				7. Name and	Address of Nev	v Registere	d Agent	
FORTER	18/11 1 1 6 6 4	ATTIV		<u> </u>	Name						-
FOSTER, FOSTER A 555 4TH S	AND FOST	TER			Street A	ddress (F	P.O. Box Numb	er is Not Accepta	ible)		
ST PETER		_	4								
		_			City				F	Zip Cod	le
8. The above the obligat	named entity ions of regist	y submits this statement for ered agent.	r the purpose of ch	nanging its regist	tered office o	r register	ed agent, or bo	th, in the State of	Florida. I a	m familiar with,	and accept
SIGNATURE .						·			· -		
Ä	Signature, typed	or printed name of registered agent a	ind title if applicable.	(NOTE: Regist	tered Agent signa	ure required	when reinstating)		DATE	=	
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० द्वा के	-			ection Campaigr			\$5.00 May E Added to Fees	3e FI		eck payable t partment of S	
10.	-		Tr	ust Fund Contrib			Added to Fees	FI ANGES TO OFFI	lorida Dep	artment of S	tate
10. TITLE NAME STREET ADDRESS	PD ALMQUIS 5027 FIRS	OFFICERS AND DIR OFFICERS AND DIR OT, REX B ST AVE N.	Tr RECTORS	ust Fund Contrib	Dution. 1. ITLE LAME TREET ADDRESS	D PHAI 5027	Added to Fees ADDITIONS/CH ADDITIONS/CH ADDITIONS/CH ADDITIONS/CH	ANGES TO OFFI	Iorida Dep CERS AND	artment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 anofficer or director of the corporation or title receiver or trustee empowered to execute this report as required by Chapter 617, 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rex B. ALMOUIST

15JAN 04 (727)

CELL (727) 415-1292 PHONE / FAX: 1727 | 321-1538