


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006 8:00 am
Secretary of State

07-26-2006 90001 011 ***150.00

DOCUMENT # F43421 1. Entity Name SOUTHEAST MARKETING VENTURES, INC.					
Principal Place of Business 3411 NW 9TH AVE #705 FORT LAUDERDALE, FL 33309			Mailing Address 3411 NW 9TH AVE #705 FORT LAUDERDALE, FL 33309		
2. Principal Place of Business 5411 N. UNIVERSITY DR Suite, Apt. #, etc. SUITE 104		3. Mailing Address 5411 N. UNIVERSITY DR Suite, Apt. #, etc. SUITE 104			
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL		4. FEI Number 59-2115407	
Zip 33067		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KERT, ROBIN 3411 N.W. 9 AVE #705 FT. LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name KERT, Robin Street Address (P.O. Box Number is Not Acceptable) 5411 N. UNIVERSITY DRIVE #104 City CORAL SPRINGS FL Zip Code 33067	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KERT, ROBIN 3411 NW 9TH AVE #705 FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KERT, ROBIN 5411 N. UNIVERSITY DR. #104 CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowerments.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 7/15/07 Daytime Phone # _____		

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