


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # G34419 1. Entity Name SOUTHEASTERN REGIONAL BROKERAGE, INC.	
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Principal Place of Business 13800 S.W. 20 ST DAVIE, FL 33325	Mailing Address 13800 S.W. 20 ST DAVIE, FL 33325
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01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2273580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, JEFFREY ALAN
13800 S.W. 20 ST
DAVIE, FL 33325

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD FISHER, JEFFREY A 13800 S.W. 20 ST DAVIE, FL 333256015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FISHER, JANET 7375 S.W. 141 TERRACE MIAMI, FL 33158
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01/29/05-80014-017 150.00

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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 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: *Jeffrey A. Fisher* **JEFFREY FISHER PD** **1/21/05** **954-741-3900**
Signature and typed or printed name of signing officer or director Date Daytime Phone #