2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P02000097561 1. Entity Name SOUTHEAST TRIM, INC.							05-03-2004	90440 ()28 ***150	.00
Principal Place of Business 1330 WEST-INDUSTRIAL AVE BAY #109 BOYNTON BEACH, FL 33426 Mailing Address 1330 WEST-INDUSTRIAL AVE BAY #109 BOYNTON BEACH, FL 33426				\Y #109	•		-	· •		
2. Principal Place of Business 3. Mailing Address 190 N. LAKE AUE 190 N. LAKE AUE								7,113		
190 Al. LAKE AVENUE 190 N. LAKE AVE Suite, Apt. #, etc. Suite, Apt. #, etc.					V	04292004	Chg-P	CR2E	034 (10/03)	
City & State PAHOKEE; FL PN40KEE, FL					-	4. FEI Numb				plied For t Applicable
Zip 33476		Zip 33476	Paln		14		of Status Desired		\$8.75 Add Fee Requires	
6. Name and Address of Current Registered Agent Name						7. Name and	Address of New R	egistered	7	
-SPIEGEL & UTRERA, P.A.					حزد Hdress (1911)	hard P.O. Box Numb EAS	Het L er is Not Acceptable Main	ern St	AN C7	≥A
				City	2h	okee		F	L Zip Code	476
	named entity submits this statement for ions of egistered agent	or the purpose of changing its	registere	ed office or	register	red agent, or bo	oth, in the State of Flo			and accept
SIGNATURE	Signature, typed or printed Jame of registered agent	and title if policible (NO)	E- Recusterer	Anent signati	re required	when reinstating)		DATE	29-04	
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.		tribution.	cing	\$5 . Add	.00 May Be led to Fees				
10.	OFFICERS AND		11.			ADDITIONS	/CHANGES TO OFF	ICERS A	Change	
TITLE NAME	HAUN, MATTHEW J	☐ Delete	TITLE						≥ Change	Addition
STREET ADDRESS CITY-ST-ZIP	1930 WEST INDUSTRIAL AVE DAY #109 BOYNTON BEACH, FL 33428			ET ADDRESS -ST-ZIP			5 AUGNKE FL 3347	6		
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition
NAME			NAME							}
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						l
TITLE		☐ Delete	TITLE	:					☐ Change	☐ Addition
NAME			NAME						-	ĺ
STREET ADDRESS CITY-ST-ZIP				et address -st-zip						
TITLE		□ Delete	TITLE						☐ Change	☐ Addition
NAME			NAM							
STREET ADDRESS CITY - ST - ZIP				ET ADDRESS -ST-ZIP						
TITLE		□ Poleto	TITLE						☐ Change	[] Addition
NAME		☐ Delete	NAM						□ change	Addition
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			-1-	ST-ZIP				<u> </u>		
TITLE NAME		☐ Delete	TITLE						Change	Addition
STREET ADDRESS	:	ì	NAMI STRE	= et address =				•		
CITY-ST-ZIP				-ST-ZIP						}
12. Thereby of indicated of the corrections of the	certify that the information supplied wit on this report or supplemental report poration or the receiver or trugged exp or on an attachment with an audicess	h this filing does not qualify for is true and accurate and that powered to execute this repor with six or ier like empowered	or the exer my signat t as requi	mption stat ture shall h red by Cha	ed in Se ave the pter 60	ection 119.07(3) same legal effe 7, Florida Statut	n(i), Florida Statutes. ct as if made under es; and that my nam	I further coath; that be appear	ertify that the ir I am an officer s in Block 10 or	or director Block 11 if