


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # S01495  
1. Entity Name  
SOUTHEAST INSURANCE BROKERAGE COMPANY



Principal Place of Business      Mailing Address  
2 ALHAMBRA PLAZA                      2 ALHAMBRA PLAZA  
1200    1200  
CORAL GABLES, FL 33134 US          CORAL GABLES, FL 33134 US

**DO NOT WRITE IN THIS SPACE**



04282005      No Chg-P      CR2E034 (10/03)

4. FEI Number 59-3031701	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
ANDERSON, THOMAS D  
2 ALHAMBRA PLAZA, SUITE 1200  
CORAL GABLES, FL 33134

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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: *Tom Andersen*      DATE: *4/28/2005*

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

**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	DPST ANDERSEN, THOMAS D 2 ALHAMBRA PLAZA, SUITE 1200 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDOZA, ROSA G. 2 ALHAMBRA PLAZA, SUITE 1200 CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/05-80091-022 158.75

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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: *Thomas D. Andersen*      Date: *4/28/2005*      Daytime Phone #: *305-338-0016*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thomas D. Andersen*