


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90011 039 ***150.00

DOCUMENT # K80212 1. Entity Name CSA SOUTHEAST, INC.					
Principal Place of Business 100 MIRACLE MILE STE 300 CORAL GABLES, FL 33134 US			Mailing Address- 100 MIRACLE MILE STE 300 CORAL GABLES, FL 33134 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENIN, CARLOS A 100 MIRACLE MILE, SUITE 300 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SUAREZ, JESUS J 8790 GOVERNOR'S HILL DR SUITE 200 CINCINNATI, OH 45249	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTs KAPPERS, STEPHEN A 8790 GOVERNOR'S HILL DR., SUITE 200 CINCINNATI, OH 45249	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDEZ, MARIANO 100 MIRACLE MILE SUITE 300 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO RIEFKOH, FREDERICK 8790 GOVERNOR'S HILL DR., SUITE 200 CINCINNATI, OH 45249	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KAPPERS, STEPHEN A 8790 GOVERNOR'S HILL DR SUITE 200 CINCINNATI, OH 45249	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Juan Melgarejo 100 Miracle Mile, Suite 300 Coral Gables FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KAPPERS, STEPHEN A 8790 GOVERNOR'S HILL DR SUITE 200 CINCINNATI, OH 45249	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: STEPHEN A. KAPPERS, SECRETARY _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 2/9/09 Daytime Phone # _____					

54032312



02052004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0121594** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**