2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #368135

1. Entity Name
SOUTHEASTERN JET CORPORATION



FILED Feb 16, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

2480 E COMMERCIAL BLVD STE 4 FT. LAUDERDALE, FL 33308 2480 E COMMERCIAL BLVD STE 4 FT. LAUDERDALE, FL 33308



02092007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1301864

Applied For Not Applicable

115

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MEHALLIS, STEPHEN G. 2480 E. COMMERCIAL BLVD STE 4 FT LAUDERDALE, FL 33308

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.					
SIGNATURESignature, typed or printed name of registered agent and title Mapplicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	Organica, types or pinned familie or registered agent and site	approada. (1801E. Hagaita e	- Agent agratute	raqarea eriorrenisaling)	PA-E
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		 Election Campaign Finar Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANGURIAN, H.T., JR. 2480 E COMMERCIAL BLVD STE 4 FORT LAUDERDALE, FL. 33308		·		U00000640227 02/28/07-80057-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEHALLIS,S.G. 2480 E COMMERCIAL BLVD STE 4 FORT LAUDERDALE, FL 33308				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PIANA, BETH PANESH 2480 E COMMERCIAL BLVD STE 4 FORT LAUDERDALE, FL 33308			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS				•	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental @port/is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation on the receiver or trustled 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 advices, with all other like empowered.

SIGNATURE

CITY-ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07 (954)491-1723