2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State
01-23-2006 90050 031 ***150.00

DOCUMENT # 454915

1. Entity Name
SOUTHEAST INVESTMENT REALTY CORPORATION OF MIAMI

Principal Place of Business	Mailing Address
MIAMI ~~4105 PONCE DE LEON BLVD.~~ ~~CORAL GABLES, FL 33146-1419 US~~	MIAMI ~~4105 PONCE DE LEON BLVD.~~ ~~CORAL GABLES, FL 33146-1419 US~~

01032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
427 Biltmore Way	427 Biltmore Way
Suite, Apt. #, etc.: 101	Suite, Apt. #, etc.: 101
City & State: Coral Gables Fl.	City & State: Coral Gables Fl
Zip: 33134 Country:	Zip: 33134 Country:

4. FEI Number: 59-1638062 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE MARTINO, NICK F.
~~4105 PONCE DE LEON BLVD.~~
~~CORAL GABLES, FL 33146~~
427 Biltmore Way suite 101
Coral Gables Fl. 33134

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: NICK F. DEMARTINO [signature] PRES 1/18/06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DE MARTINO, NICK		NAME	
STREET ADDRESS	1538 SARAGOSSA AVE.		STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] PRES 1/18/06 305-446-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #