2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

RECEIVED / FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 466805

1. Entity Name

SOUTHEAST INSURANCE CENTER, INC.

Principal Place of Business	Mailing Address
2ND FLOOR 1000 N.W 159 DRIVE MIAMI FL 33169-5806 US	2ND FLOOR 1000 N.W 159 DRIVE MIAMI FL 33169-5806 US

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PREW, F DICKSON 1000 N.W. 159 DRIVE 2ND FLOOR ~~OPA LOCKA AIRPORT FL 33054-2327~~	Name Street Address (P.O. Box Number is Not Acceptable) City MIAMI FL Zip Code 33169

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	PST PREW, F DICKSON 1000 N.W. 159 DRIVE, 2ND FLOOR MIAMI FL 33169-5806	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000912117 04/18/05--80073--006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PREW, F DICKSON 1000 NW 159 DRIVE 2ND FLOOR MIAMI FL 33169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(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: F Dickson Prew 4-15-05 305 685-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #