2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 29, 2005 8:00 am **Secretary of State DOCUMENT # 471230** 03-29-2005 90008 007 ***150.00 SOUTHEAST INDUSTRIAL PLANNERS, INC. Principal Place of Business Mailing Address 7220 N.W. 72ND AVENUE 7220 N.W. 72ND AVENUE MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State City & State Applied For 4. FEI Number 59-1649462 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent / Name JOHNSON, ROLAND H. 7220 N.W. 72ND AVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** City 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. 500 SIGNATURE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Addition TITLE ☐ Delete Change JOHNSON, MARY C NAME NAME STREET ADDRESS 755 NE 97TH ST 4 STREET ADDRESS CITY-ST-ZIP MIAMI SHORES FL 33138 CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition JOHNSON, ROLAND H NAME STREET ADDRESS 755 97TH ST STREET ADDRESS MIAMI SHORES FL 33138 CITY-ST-7IP CITY+ST-ZIP 1171.5 - Change - - Addition -7171 F-VTD-. □ · Celele – BALICKI, PAMELA NAME NAME 1624 NE 105TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI SHORES FL 33138 CITY-ST-ZIP ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS *33138* CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP 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 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 Slock 10 or Block 11 is changed, or on an attachment with an address, with all other like empowered.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE

FILED