

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 564823 1. Entity Name SOUL EAST, INC.	
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Principal Place of Business 18721 N.W. 11TH PLACE MIAMI, FL 33169	Mailing Address 18721 N.W. 11TH PLACE MIAMI, FL 33169
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DO NOT WRITE IN THIS SPACE



02282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1816743	Applied For No: Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GARRETT, DAVID L
18721 N.W. 11TH PLACE
MIAMI, FL 33169**

**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.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and fee applicable (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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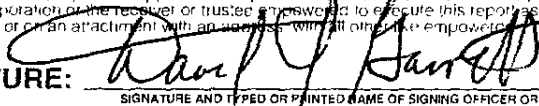
10. OFFICERS AND DIRECTORS

TITLE P	NAME GARRETT, DAVID L
STREET ADDRESS 18721 N.W. 11TH PLACE	
CITY-STATE-ZIP MIAMI, FL 33169	
TITLE V	NAME GARRETT, MERCEDES
STREET ADDRESS 18721 N.W. 11TH PLACE	
CITY-STATE-ZIP MIAMI, FL 33169	
TITLE D	NAME GARRETT, TANYA
STREET ADDRESS 18721 N.W. 11TH PLACE	
CITY-STATE-ZIP MIAMI, FL 33169	
TITLE D	NAME GARRETT, DWAYNE D
STREET ADDRESS 18721 N.W. 11TH PLACE	
CITY-STATE-ZIP MIAMI, FL 33169	
TITLE D	NAME GARRETT, ANGELA R
STREET ADDRESS 18721 N.W. 11TH PLACE	
CITY-STATE-ZIP MIAMI, FL 33169	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

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05/05/04-80037-007 150.00

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 duly empowered.

SIGNATURE:  DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR