
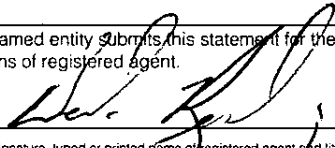
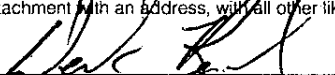


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90029 019 ****61.25

DOCUMENT # 716683 1. Entity Name SOUTHEAST FLORIDA RENTAL ASSOCIATION, INC.			
Principal Place of Business 5140 S. SR 7 FORT LAUDERDALE FL 33314		Mailing Address 5140 S. SR 7 FORT LAUDERDALE FL 33314	
2. Principal Place of Business 12800 NW 7 Ave Suite, Apt. #, etc.		3. Mailing Address 12800 NW 7 Ave Suite, Apt. #, etc.	
City & State N Miami, FL Zip 33168		City & State N Miami, FL Zip 33168	
4. FEI Number 59-1928177		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAPLAN, SANDY 5140 S. SR 7 FORT LAUDERDALE FL 33314		7. Name and Address of New Registered Agent Name Rushing, Derk Street Address (P.O. Box Number is Not Acceptable) 12800 NW 7 Ave City N Miami	
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 3/29/04	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD RUSHING, DERK 12800 NW 7 AVE N MIAMI FL 33168	TITLE	Director Rushing, Derk 12800 NW 7 Ave N Miami FL 33168
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D KAPLAN, SANDY	TITLE	
NAME		NAME	
STREET ADDRESS	5140 S STATE RD 7	STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33314	CITY - ST - ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D POE, FRANK	TITLE	
NAME		NAME	
STREET ADDRESS	425 S DIXIE HWY	STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33146	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P CONNELL, FRED	TITLE	
NAME		NAME	
STREET ADDRESS	5229 N. DIXIE HWY	STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33060	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: 		DATE: 3/29/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: (305) 688-6677	