


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90060 039 ****61.25

DOCUMENT # 716683	
1. Entity Name SOUTHEAST FLORIDA RENTAL ASSOCIATION, INC.	

Principal Place of Business 12800 NW 7 AVE. MIAMI FL 33168	Mailing Address 12800 NW 7 AVE. MIAMI FL 33168
--------------------------------------------------------------------------	--------------------------------------------------------------

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



1st MOORE CR2E037 (10/04)

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
RUSHING, DERK 12800 NW 7 AVE. MIAMI FL 33168

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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	
TITLE	D <input type="checkbox"/> Delete
NAME	RUSHING, DERK
STREET ADDRESS	12800 NW 7 AVE
CITY-ST-ZIP	N MIAMI FL 33168
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	POE, FRANK
STREET ADDRESS	425 S DIXIE HWY
CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	P <input type="checkbox"/> Delete
NAME	CONNELL, FRED
STREET ADDRESS	5229 N. DIXIE HWY
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Joseph, Ken
STREET ADDRESS	5140 State Rd 7
CITY-ST-ZIP	Ft Lauderdale, FL 33314
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V Anderson, Jim
STREET ADDRESS	7901 W 4th Ave
CITY-ST-ZIP	Highland, FL 33014
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:  **Derk Rushing** 2/8/05 (305) 688-6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #