## 2005 FOR PROFIT CORPORATION \_ ANNUAL REPORT

## FILED Feb 10, 2005 08:00 AM Secretary of State

DOCUMENT # K25982  1. Entity Name SOUTHEAST REALTY & DEVELOPMENT, INC.  Principal Place of Business  Mailing Address  Mailing Address  MELSON J. HENDRIKSE  13200 S.W. 128TH ST., E-1  MAMMEL 23196  MILE 132196  MAMMEL 23196  MILE 13196  MAMMEL 23196  MILE 13196  MILE 131	Secretary of State
DO NOT WRITE IN THIS SPA	01052005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For 65-D059901 Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required
HENDRIKSE, NELSÕÑ J. 13200 S.W. 128TH ST., E-1 MIAMI, FL 33186	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 registerized agent.  SIGNATURE  Signature, typed or principle agent and ritle if applicable (NOTE, Registered Agent signature required when renstating)  DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Fin. Trust Fund Contribution	
10. OFFICERS AND DIRECTORS  ITTLE DP  NAME HENDRIKSE, NELSON J.  STREET ADDRESS  CITY- ST- ZIP MIAMI, FL  OFFICERS AND DIRECTORS   OFFICERS AND DIRECTORS   MIAMI, FL	
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filling 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:	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Designe Printe #	