


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90025 035 ***150.00

DOCUMENT # K25982	
1. Entity Name SOUTHEAST REALTY & DEVELOPMENT, INC.	

Principal Place of Business % NELSON J. HENDRIKSE 13200 S.W. 128TH ST., E-1 MIAMI, FL 33186 US	Mailing Address % NELSON J. HENDRIKSE 13200 S.W. 128TH ST., E-1 MIAMI, FL 33186 US
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50000740

2. Principal Place of Business - No P.O. Box # 13200 SW 128 ST	3. Mailing Address 13200 SW 128 ST
Suite, Apt. #, etc. Suite E-1	Suite, Apt. #, etc. Suite E-1
City & State Miami FL	City & State Miami FL
Zip 33186	Country USA



01092007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0059901	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 HENDRIKSE, NELSON J. 13200 S.W. 128TH ST., E-1 MIAMI, FL 33186	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 *Nelson Hendrikse* DATE 1-15-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENDRIKSE, NELSON J. 13200 S.W. 128TH ST., E-1 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Nelson Hendrikse* DATE 1/15/07 DAYTIME PHONE # 305-255-2622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR