³2004 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # K35690** 1. Entity Name SOUTHEAST FLORIDA REAL ESTATE CONSULTANTS,

FILED Jan 15, 2004 08:00 AM Secretary of State

Principal Place of Business

INC.

2515 S.W. 19 STREET FORT LAUDERDALE, FL 33312 Mailing Address

2515 S.W. 19 STREET FORT LAUDERDALE, FL 33312



01082004 DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0091458 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PLIHCIK, JAMES 2515 S.W. 19 STREET FORT LAUDERDALE, FL 33312

	٠.	40	77.	111			> :	٠.		٠								٠.	.,	×		٠
:	١.		•			۲.	٠ 1		a :	•	٠,	•	٠	3	a:	#ł		i i	-	-	-	•
6	÷	ď	1	æ		₽.	: 1	м	Æ		1	Æ		٠ 1	ш		ж	e			1	
Ø	٠.	ы	ď.	٠,	×		1	١,	•	٠.	•	₹.		- 1	ш	Ø.	1	и			*	:
١.	ï	".?		1.3								98			***			**	:::::	***	****	:
i.		. :											٠.	خندة	122	4	:	٠:	127	:22	4	
::	::		н.	ч	Ė	-	r	•		ı	ε	•	•	S	٠.	3	-8	ď		L.		
ø	×		E	N	E		1	- 1		ı		٠.		7	ı	м,	-	ч		àг	_	
٠,	٠			•	١.	2	ą.	•			-			\sim	•	•			٠,			

	ions of registered agent.	arbase or oversalistic ira in	ogistores of		giolojaa agoini o. se	
SIGNATURE_	Signature, typed or primed name of registered agent and title	fapplicable. (NOTE:	Registered Ager	t signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaig Trust Fund Contril	_		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLIHCIK, JAMES D. 2515 SW 19TH ST FORT LAUDERDALE, FL					U0:00000se48
TITLE NAME STREET ADDRESS CITY-ST-ZIP						:: 01/16/04-80007-018 (190:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						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	·					
of the co	certify that the information supplied with this for this report or supplemental report is true reporation or the receiver or trustee empowere, or on an attachment with an address, with a	d to execute this report a	the exempti y signature as required i	on state shall hav by Chap	d in Section 119.07(3 ve the same legal effe ter 607, Florida Statu)(i), Florida Statutes. I further certify that the information ect as if made under oath; that I am an officer or director tes; and that my name appears in Block 10 or Block 11 if