02/03/05 09:28 FAX 5136774442 CSA GROUP

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Feb 15, 2005 8:00 am
Secretary of State
02-15-2005 90024 041 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

50015560

DOCUMENT # K80212

1. Entity Name
CSA SOUTHEAST, INC.

Principal Place of Business	Mailing Address
100 MIRACLE MILE STE 300 CORAL GABLES, FL 33134 US	100 MIRACLE MILE STE 300 CORAL GABLES, FL 33134 US

02032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
15050 NW 79th Ct	15050 NW 79th Ct
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201
City & State Miami Lakes FL	City & State Miami Lakes FL
Zip / Country 33016 / US	Zip / Country 33016 / US

4. FEI Number
65-0121594
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PENIN, CARLOS A 100 MIRACLE MILE, SUITE 300 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Carlos Penin 15050 NW 79th Ct Suite 201 Miami Lakes FL 33016
				☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SUAREZ, JESUS J 8790 GOVERNOR'S HILL DR SUITE 200 CINCINNATI, OH 45249	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
				☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS KAPPERS, STEPHEN A 8790 GOVERNOR'S HILL DR., SUITE 200 CINCINNATI, OH 45249	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
				☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MELGAREJO, JUAN 100 MIRACLE MILE SUITE 300 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Juan Melgarejo 15050 NW 79 Court, Ste 201 Miami Lakes, FL 33016
				☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO RIEFKOHL, FREDERICK 8790 GOVERNOR'S HILL DR., SUITE 200 CINCINNATI, OH 45249	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
				☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KAPPERS, STEPHEN A 8790 GOVERNOR'S HILL DR SUITE 200 CINCINNATI, OH 45249	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst Secretary Frederick Riefkohl 8790 Governors Hill Drive Cincinnati OH 45249
				☒ Change ☒ 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 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: _____ 02-03-05 (305)461-5484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #