


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L50461**  
 1. Entity Name  
**SOUTHEAST PROPERTY MANAGEMENT COMPANY**



Principal Place of Business      Mailing Address  
**NELSON, HENDRIKSE**      **NELSON HENDRIKSE**  
**13200 SW 128TH ST. STE E-1**      **13200 SW 128TH ST. STE E-1**  
**MIAMI, FL 33186 US**      **MIAMI, FL 33186 US**

**DO NOT WRITE IN THIS SPACE**



07132004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0170672</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**HENDRIKSE, NELSON**  
**13200 SW 128TH ST.**  
**STE 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, registered agent.**

SIGNATURE: *Nelson Hendrikse*      DATE: 7/14/04  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PALMER, PAUL 12790 S DIXIE HWY MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NOTHEIS, WALTER M 13200 SW 128TH ST. STE E-1 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 07/16/04-80010-013 150.00

**DO NOT WRITE IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: 7/14/04      Day/Time Phone #: 305-235-2622  
Signature and typed or printed name of signing officer or director      Date      Day/Time Phone #