## **2005 FOR PROFIT CORPORATION**

## FILED Jan 20, 2005 8:00 am

ANNUAL REPORT					Secretary of State			
DOCUMENT  1. Entity Name SOUTHEAST PR				5 90039 002 ***1				
Principal Place of Business NELSON, HENDRIKSE 13200 SW 128TH ST. STE E-1 MIAMI, FL 33186 US		Maiking Address NELSON HENDRIKSE 13200 SW 128TH ST. STE E-1 MIAMI, FL 33186 US				500	)4198 	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052005	Chg-P	CR2E034 (10/03	)	
City & State		City & State		4. FEI Numb 65-017		-	Applied For Not Applicable	
Zip	Country	Zip	Country -	5. Certificate	of Status Desired	□ \$8.75 A Fee Requi		
6. Nam	e and Address of Current F	Registered Agent		7. Name and	Address of New	Registered Agent		
HENDRIKSE, NELSON 13200 SW 128TH ST. STE E-1			Street Add	Name Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33186			City			FL Zip Co	ode	
&	Annual of the state of the stat	All and the second seco			4			
SIGNATURE Signature, type	Jen Hand	فس	registered office or re		th, in the State of P	Aste	n, and accept	
FILE NOWII! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.0 Trust Fund Contribution.								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OF	FICERS AND DIRECTO	RS IN 11	
TITLE T  MAME PALMEF  STREET ADDRESS 12790 S  CITY-ST-ZIP MIAMI, F	DIXIE HWY	Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
	S, WALTER M W 128TH ST. STE E-1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	: 🔲 Addition	
TITLE NAME			~T				- D Addition	
STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

by 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 led 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 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 led, or on an attactorient with an address, with an other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

Daytime Phone #