


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2005 8:00 am**  
**Secretary of State**

09-02-2005 90011 003 \*\*\*550.00

<b>DOCUMENT # M02193</b>	
1. Entity Name <b>SOUTHEAST REGIONAL MANAGEMENT CO., INC.</b>	

Principal Place of Business <b>3900 WOODLAKE BLVD STE 307 LAKE WORTH, FL 33463-046 US</b>	Mailing Address <b>3900 WOODLAKE BLVD STE 307 LAKE WORTH, FL 33463-046 US</b>
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**50064548**

2. Principal Place of Business <b>7806 Charney Lane</b> Suite, Apt. #, etc.	3. Mailing Address <b>Cond. Palma Real - 2 Calle Madrid</b> Suite, Apt. #, etc. <b>15-JK</b>	06202005	Chg-P	CR2E034 (10/03)
City & State <b>Boca Raton, FL</b>	City & State <b>San Juan, PR</b>	4. FEI Number <b>59-2421161</b>	Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33496</b>	Country <b>USA</b>	Zip <b>00907</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>SUSI, SAMUEL 7806 CHARNEY LANE BOCA RATON, FL 33496</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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 <b>CP</b>	<input type="checkbox"/> Delete	TITLE <b>CPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VILLAMIL-DAVIS, YOLANDA</b>		NAME <b>Apt. 15-JK</b>	
STREET ADDRESS <b>COND. PALMA REAL APT. 155K CALLE MADRID#2</b>		STREET ADDRESS <b>Apt. 15-JK</b>	
CITY-ST-ZIP <b>SAN JUAN, PR 00907</b>		CITY-ST-ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> Delete	TITLE <b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VILLAMIL-DAVIS, YOLANDA</b>		NAME <b>Apt. 15-JK</b>	
STREET ADDRESS <b>COND. PALMA REAL APT. 155K CALLE MADRID#2</b>		STREET ADDRESS <b>Apt. 15-JK</b>	
CITY-ST-ZIP <b>SAN JUAN, PR 00907</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-21-05** **787-552-6402**  
Date Daytime Phone #