## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M02193

FILED Apr 28, 2008 Secretary of State

Entity Name: SOUTHEAST REGIONAL MANAGEMENT CO., INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	RNEY LANE TON, FL 3349	6 US		
Current M	lailing Addres	ss:	New Mailing Address	s:
COND. PA	ALMAREAL - 2	CALLE MADRID		
	N, PR 00907	US		
FEI Number	: 59-2421161	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
MAP IPLIP	/II II—I			
BOCA RA	RNEY LANE TON, FL 3349 named entity : e of Florida.		ourpose of changing its registere	d office or registered agent, or both,
7806 CHA BOCA RA The above	RNEY LANE TON, FL 3349 named entity : e of Florida. RE:	submits this statement for the p		
7806 CHA BOCA RA The above In the State SIGNATUI	RNEY LANE TON, FL 3349 named entity: of Florida. RE: Electror	submits this statement for the particles of Registered Age		d office or registered agent, or both,  Date
7806 CHA BOCA RA  The above in the State SIGNATUI  Election Car	RNEY LANE TON, FL 3349 named entity: of Florida. RE: Electror	submits this statement for the particles of Registered Age of Trust Fund Contribution ( ).	ent	
7806 CHA BOCA RA  The above in the State SIGNATUI  Election Car	RNEY LANE TON, FL 3349 named entity : e of Florida.  RE: Electror mpaign Financing S AND DIREC  CPD ( ) VILLAMIL-DAVI	submits this statement for the particle Signature of Registered Age of Trust Fund Contribution ( ).  TORS:  Delete  S, YOLA, NDA  REAL#15-JK CALLE MADRID #2	ent	Date

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YOLANDA VILLAMIL-DAVIS PRES 04/28/2008