2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M22616

1. Entity Name SOUTHEAST INVESTIGATIONS AND SECURITY GROUP, INC.



Principal Place of Business

8603 S DIXIE HWY #301

SUITE A

MIAMI, FL 33143

Mailing Address

8603 S DIXIE HWY #301

SUITE A

MIAMI, FL 33143



FILED

Mar 31, 2004 08:00 AM Secretary of State

		800 8180 8081 8080 8180 8180 B18	
03282004	No Chg-P	CR2E034 (10/03)	

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANSEN, KENNETH D. 8603 S. DIXIE HWY. SUITE 301 MIAMI, FL 33143

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 algorature required when reinstating)

DATE

FILE NOWIL FEE IS \$450.00

9. Election Campaign Financing

\$5.00 May 8a

000000099799 03/31/04-80020-005 150 00

After M	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution.		Added to Fees	00/01/04 00020 000 100,00
10.	OFFICERS AND DIRECTO	ORS	- · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSEN, KENNETH D 8603 S DIXIE HWY STE 301 MIAMI, FL				
FITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
IITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

Thereby certify that the information supplied with this filling 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