

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009352

FILED  
Sep 12, 2007  
Secretary of State

**Entity Name:** SOUTHEASTERN HOUSING AND DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

869 NE 80TH STREET  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

869 NE 80TH STREET  
MIAMI, FL 33138

**New Mailing Address:**

**FEI Number:** 42-1563374      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DIAZ, LUIS  
1230 NE 200TH STREET  
MIAMI, FL 33179 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHAPMAN, MICHAEL  
Address: 869 NE 80TH STREET  
City-St-Zip: MIAMI, FL 33138

Title: DVT ( ) Delete  
Name: OSARIO, VICTORIA  
Address: 7501 E TREASURE DR  
City-St-Zip: N BAY VILLAGE, FL 33141

Title: SD ( ) Delete  
Name: DIAZ, LUIS  
Address: 1230 NE 200TH STREET  
City-St-Zip: MIAMI, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CHAPMAN

PD

09/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date