## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000009365

Entity Name: SOUTHEAST RESEARCH INSTITUTE, INC.

FILED Jaņ 06, 2<u>00</u>5 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

995 WEEPING WILLOW WAY 6051 NORTH OCEAN DR HOLLYWOOD, FL 33019 US

**APT 506** 

HOLLYWOOD, FL 33019 US

**Current Mailing Address:** New Mailing Address:

995 WEEPING WILLOW WAY 6051 NORTH OCEAN DR

HOLLYWOOD, FL 33019 **APT 506** US

HOLLYWOOD, FL 33019 US

FEI Number: 35-2218506 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GORDON, JEAN GORDON, JEAN

995 WEEPING WILLOW WAY 6051 NORTH OCEAN DR

HOLLYWOOD, FL 33019 APT 506 HOLLYWOOD, FL 33019 US

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: 01/06/2005

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

GORDON, JEAN GORDON, JEAN Name: Name: Address: 995 WEEPING WILLOW WAY Address: 6051 NORTH OCEAN DR APT 506

City-St-Zip: HOLLYWOOD, FL 33019 US City-St-Zip: HOLLYWOOD, FL 33019 US

Title: Title: () Delete (X) Change ( ) Addition

Name: ROSE, CHRIS Name: ROSE, CHRIS Address: 995 WEEPING WILLOW WAY Address: 8914 SW 212 LANE City-St-Zip: HOLLYWOOD, FL 33019 US City-St-Zip: MIAMI, FL 33189 US

Title: () Delete Title: () Change () Addition

DE COSSIO, FRANCISCO Name: Name: 1050 TYLER ST. Address: Address: City-St-Zip: HOLLYWOOD, FL 33019 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEAN GORDON DR 01/06/2005