

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90337 036 \*\*\*150.00

**DOCUMENT # P00000029594**

1. Entity Name  
**SOUTHEAST BRANDS MANAGEMENT, INC.**



Principal Place of Business      Mailing Address

**3250 MARY STREET  
 STE. 303  
 MIAMI FL 33133**      **210 WARD AVENUE  
 SUITE 100  
 HONOLULU HI 96814**



2. Principal Place of Business  
**210 Ward Avenue**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 100**

Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State  
**Honolulu HI**

City & State

Zip  
**96814**      Country

Zip      Country

4. FEI Number      Applied For

**65-1012458**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MALE, MICHAEL H  
 3250 MARY STREET  
 STE. 303  
 MIAMI FL 33133**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

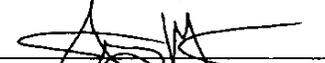
**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	MCPHAIL, DEAN B	
STREET ADDRESS	210 WARD AVENUE SUITE 100	
CITY-ST-ZIP	HONOLULU HI 96814	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEIER, GREG	
STREET ADDRESS	210 WARD AVE SUITE 100	
CITY-ST-ZIP	HONOLULU HI 96814	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**  **3/27/06**      **(808) 545-1199**      **09/15/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #