2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 8:00 am Secretary of State DOCUMENT # P01000089425 04-28-2004 90258 003 ***150.00 SHR-SOUTHEAST, INC. Principal Place of Business Mailing Address 13575 58TH STREET NORTH 13575 58TH STREET NORTH 24058448 **SUITE 176 SUITE 176** CLEARWATER, FL 33760 CLEARWATER, FL 33760 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1141339 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE Delete TITLE Addition ☐ Change - Richard Di Rose NAME COURTNEY, CALVERT N NAME 13575 58th St. M., Ste. 176 STREET ADDRESS 4900 MANATEE AVE WEST STE 101 STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition Bertram Danzig NAME NAME 550 Stephenson Hwy Suite 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Troy MI 48083 TITLE ☐ Delcte TITLE ☐ Change ■ Addition Gary Wetstein 550 stephenson Hwy, Suite 203 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Troy, MI 48083 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition Richard Larabell NAME NAME 550 Stephenson Hwy , Suite 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Troy, MI 48083 CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

FILED