2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2004 08:00 AM Secretary of State DOCUMENT # P01000110879 1. Entity Name SOUTHEASTERN ACQUISITIONS CORP. Principal Place of Business Mailing Address 9414 SOUTH WEST 164TH COURT 9414 SOUTH WEST 164TH COURT MIAMI, FL 33196 MIAMI, FL 33196 04162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1155334 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent YERO, ROSA M DO NOT WRITE 9414 SOUTH WEST 164TH COURT MIAMI, FL 33196 IN THIS SPACE 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. (NCTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME YERO, ROSA M STREET ADDRESS 9414 SOUTH WEST 164TH COURT U00000117269 04/19/04-80012-018 150.00 CITY-ST-ZIP MIAMI, FL 33196 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP DITE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP _ 3.1.

12. I hereby 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

FILED