


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000020548

1. Entity Name
 SOUTHEAST RESTAURANT GROUP-MIAMI, INC.



Principal Place of Business
 8191 N.W. 12TH STREET
 MIAMI, FL 33126

Mailing Address
 2540 SEVERN AVENUE
 #100
 NEW ORLEANS, LA 70002

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number
35-2160893

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TERMINELLO, LOUIS J ESQ.
 TERMINELLO & TERMINELLO, P.A.
 2700 S.W. 37TH AVENUE
 MIAMI, FL 33133

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

1100000597672
 01/24/07-80046-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	KHOURY, ELIE
STREET ADDRESS	8191 N.W. 12TH STREET
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VSD
NAME	KHOURY, JOLIE ASSTSEC
STREET ADDRESS	8191 N.W. 12TH STREET
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VSD
NAME	BUSHNAQ, FARIS VP-SECT
STREET ADDRESS	8191 N.W. 12TH STREET
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Elie Khoury X 1-19-06 Date 504-454-9976 Daytime Phone #