


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90772 022 \*\*\*150.00

**DOCUMENT # P02000039365**  
 1. Entity Name  
 SOUTHEAST MANAGEMENT & REALTY INC.



Principal Place of Business  
 6881 BARNWELL DRIVE  
 BOYNTON BEACH, FL 33437

Mailing Address  
 6881 BARNWELL DRIVE  
 BOYNTON BEACH, FL 33437

14018329



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04282004 Chg-P CR2E034 (10/03)

City & State  
 City & State

4. FEI Number  
 02-0581136

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
 TAGASTE, CHRISTINE  
 6881 BARNWELL DRIVE  
 BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent  
 Name: TAGASTE CHRISTINE  
 Street Address (P.O. Box Number is Not Acceptable): 6885 Barnwell Dr  
 City: Boynton Bch FL Zip Code: 33437

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: \_\_\_\_\_ (NOTE: 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 Trust Fund Contribution.  \$5.00 May Be Added to Fees

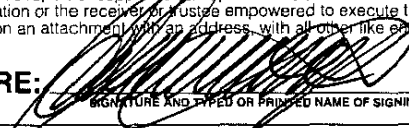
10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	TAGASTE, CHRISTINE
STREET ADDRESS	6881 BARNWELL DRIVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	<input type="checkbox"/> Delete
NAME	TAGASTE NICHOLAS-D
STREET ADDRESS	6885 Barnwell Dr
CITY-ST-ZIP	Boynton Bch, FL 33437
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	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAGASTE CHRISTINE-D
STREET ADDRESS	6885 BARNWELL DR
CITY-ST-ZIP	Boynton Bch, FL 33437
TITLE	Vice-President-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nicholas, Tagaste
STREET ADDRESS	6885 Barnwell Dr
CITY-ST-ZIP	Boynton Bch, FL 33437
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 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:  Christine Tagaste 4/28/04 931-9573  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: President Date: 4/28/04 Daytime Phone #: (954) 931-9573