2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90440 028 ***150.00

DOCUMENT # P02000097561

1. Entity Name
SOUTHEAST TRIM, INC.

Principal Place of Business	Mailing Address
~~1330 WEST INDUSTRIAL AVE BAY #109~~	~~1330 WEST INDUSTRIAL AVE BAY #109~~
~~BOYNTON BEACH, FL 33426~~	~~BOYNTON BEACH, FL 33426~~

04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
190 N. Lake Avenue	190 N. Lake Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pahokee, FL	City & State: Pahokee, FL
Zip: 33476 Country: Palm Beach	Zip: 33476 Country: Palm Beach

4. FEI Number: 03-0481158 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~
~~1840 SW 22ND ST.~~
~~4TH FLOOR~~
~~MIAMI, FL 33145~~

7. Name and Address of New Registered Agent

Name: Richard L. Heffernan CPA
Street Address (P.O. Box Number is Not Acceptable): 2911 East Main St.
City: Pahokee FL Zip Code: 33476

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] DATE: 4-29-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	HAUN, MATTHEW J	NAME	
STREET ADDRESS	~~1330 WEST INDUSTRIAL AVE BAY #109~~	STREET ADDRESS	190 N. Lake Avenue
CITY-ST-ZIP	~~BOYNTON BEACH, FL 33426~~	CITY-ST-ZIP	Pahokee, FL 33476
TITLE	☐ Delete	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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Matthew J. Haun Pres 4-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #