

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90003 032 \*\*\*150.00

**DOCUMENT # P04000160952**

1. Entity Name  
**SOUTHEAST HORIZON, INC**



Principal Place of Business  
**5828 NW 119TH TERR  
CORAL SPRINGS, FL 33076**

Mailing Address  
**5828 NW 119TH TERR  
CORAL SPRINGS, FL 33076**

**50058219**



2. Principal Place of Business

3. Mailing Address

**5828 NW 119TH TERR** **5828 NW 119TH TERR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142005

Chg-P

CR2E034 (10/03)

City & State

City & State

**Coral Springs FL**

**Coral Springs FL**

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

**33076**

**Broward**

**33076**

**Broward**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUBIN, DANIELLE  
5828 NW 119TH TERR  
CORAL SPRINGS, FL 33076**

Name **Same**

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **DUBIN, DANIELLE**  
STREET ADDRESS **5828 NW 119TH TERR**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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:

**Danielle Dubin**

**7-23-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

50058219

June 30<sup>th</sup> 2005

Florida Department of State  
Division of Corporations  
P.O.Box 1500  
Tallahassee, FL 32302-1500

EIN: 65-1237033

SOUTHEAST HORIZON, INC  
5828 NW 119<sup>th</sup> Terrace  
Coral Springs, FL 33076-4032

Please be advised I never received the original application for my annual report.

If I had received it by mail I would have paid my fee timely.

At this time please accept my enclosed check for \$150.00

Thank you,