42006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000003944

FILED Mar 28, 2006 8:00 am Secretary of State

03-14-2006 90015 018 ***150.00

SE ASSOCIATE, INC. Principal Place of Business Mailing Address 66007326 P.O. BOX 740513 P.O. BOX 740513 **BOYNTON BEACH, FL 33474** BOYNTON BEACH, FL 33474 2 Principal Place of Pusiness 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 02072008 CR2E034 (11/05) 4. FEI Number 20 -2129403 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEFFREY A. DOWD, P.A. Street Address (P.O. Box Number is Not Acceptable) 3016 US HWY, 301 N. STE. 900 **TAMPA, FL 33619** City 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 SIGNATURE Signeture, typed or printed name of registered agant and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 мау Во 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 mu TITLE C Octete Change SCHWARTZ, STEPHEN L NAME NAME STREET ADDRESS P.O. BOX 740513 STREET ADDRESS BOYNTON BEACH, FL 33474 CITY-S1-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SCHWARTZ, MARSHA HALE NAME P.O. BOX 740513 STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL 33474 CITY-ST-ZIP C374 - 57 - Z3P Oelete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITT-51-70 CITY-S1-ZIP TILE. Ozicie TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-789 CITY-ST-ZIP TITLE Deteta TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-77P CITY-SI-7/P TITLE Celete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7P 12. I hereby cartify 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 eath; 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:

Lyben Schwartz STEPHEN SCHWARTZ

3/3/06

561-638.7063



ATTACHMENT

66007326

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2006

SE ASSOCIATE, INC. P.O. BOX 740513 BOYNTON BEACH, FL 33474

Subject: SE ASSOCIATE, INC.

Reference Number:

P05000003944

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj ANNUAL REPORTS SECTION