

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000002070

Entity Name: SOUTH EAST ALLIANCE, INC.

FILED
Apr 04, 2007
Secretary of State

Current Principal Place of Business:

14359 MIRAMAR PARKWAY
#315
MIRAMAR, FL 330274134

New Principal Place of Business:

Current Mailing Address:

14359 MIRAMAR PARKWAY
#315
MIRAMAR, FL 330274134

New Mailing Address:

FEI Number: 20-4054711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GBS CONSULTANTS, INC.
1290 WESTON RD., SUITE 306
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARBOSA, HAROLD
Address: 1290 WESTON RD., SUITE 306-N9
City-St-Zip: WESTON, FL 33326

Title: S () Delete
Name: BARBOSA, KAREN G
Address: 1290 WESTON RD., SUITE 306-N9
City-St-Zip: WESTON, FL 33326

Title: VT () Delete
Name: PERTUZ, CLAUDIA G
Address: 1290 WESTON RD., SUITE 306-N9
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: VALLE, SANDRA
Address: 1290 WESTON RD., SUITE 306-N9
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PERTUZ CLAUDIA

VT

04/04/2007

Electronic Signature of Signing Officer or Director

Date