2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 17, 2005 08:00 AM Secretary of State

DOCUMENT # P93000075891 1. Entity Name SOUTHEASTERN SECURITIES, INC. Principal Place of Business Mailing Address					Sec	retary (oi State
12651 SOU STE 204	TH DIXIE HGWY	12651 SOUTH DIXIE HGWY STE 204 MIAMI, FL 33156 US	5.7 34				
[OO NOT WRITE I		CE	02152005 4. FEI Numb 65-044	No Chg-P	CR2E034 (10/	Applied For Not Applicable Additional
	6. Name and Address of Current Regi C. ED UTH DIXIE HGWY 33156	stered Agent		•	NOT W THIS SP		
8. The above the obliga	e named entity submits this statement for the tions of registered agent.	purpose of changing its registere	ed office or register	red agent, or bo	th, in the State of Flor	ida. I am familiar i	vith, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and brie	il applicable INOTE Registated	1.Agent signature required	l when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10. TITLE	OFFICERS AND DIRE	CTORS			<u> </u>		
NAME STREET ADDRESS CITY-ST-ZIP	BENGHIAT, TED 15020 SW 76TH COURT MIAMI, FL 33158				U0000 02/17/05	0232612 -80010-005	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			sa attaches the				
TITLE NAME STREET ADDRESS CITY-SY-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-SY-ZIP			_	IN .	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-				,
TITLE NAME STREET ADDRESS CITY-ST-ZIP		manufacture and the				· · · · · · · · · · · · · · · · · · ·	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 cath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/15/05 (305)251-5256							