

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000001165**

1. Entity Name  
**SOUTHEAST MANAGEMENT CORPORATION OF  
AMERICA, INC.**



Principal Place of Business  
**2003 N. OCEAN BLVD. SUITE 1502  
BOCA RATON, FL 33431**

Mailing Address  
**2003 N. OCEAN BLVD. SUITE 1502  
BOCA RATON, FL 33431**



03042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>34-1798321</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ANDERSON, WENDY ESQ.  
200 S. ORANGE AVE.  
SUITE 2300  
ORLANDO, FL 32801-3432**

**DO NOT WRITE  
IN THIS SPACE**

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  
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**

TITLE	D
NAME	REINBERG, RICHARD D
STREET ADDRESS	2003 N. OCEAN BLVD. SUITE 1502
CITY-ST-ZIP	BOCA RATON, FL 33431

TITLE	D
NAME	WASSERSTROM, SANFORD
STREET ADDRESS	24200 CHAGRIN BLVD., SUITE 237
CITY-ST-ZIP	BEACHWOOD, OH 44122

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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04/12/04-80080-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Sanford Wasserstrom* *Pres Sanford Wasserstrom* *4/8/04* *216 831-8840*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #