

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000008204

FILED
Apr 27, 2006
Secretary of State

Entity Name: SOUTHEAST BUSINESS SOLUTIONS, INC.

Current Principal Place of Business:

531 N.W. 132ND TERRACE
PLANTATION, FL 33325

New Principal Place of Business:

Current Mailing Address:

531 N.W. 132ND TERRACE
PLANTATION, FL 33325

New Mailing Address:

FEI Number: 65-0550993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRZYSTAS, MICHELLE
531 N.W. 132ND TERRACE
PLANTATION, FL 33325 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: DP () Delete
Name: PRZYSTAS, MICHELLE
Address: 531 N.W. 132ND TERRACE
City-St-Zip: PLANTATION, FL

Title: DV () Delete
Name: PRZYSTAS, RICHARD T
Address: 531 N.W. 132ND TERRACE
City-St-Zip: PLANTATION, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PRZYSTAS, MICHELLE
Address: 531 N.W. 132ND TERRACE
City-St-Zip: PLANTATION, FL 33325

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: MICHELLE PRZYSTAS

DP

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date