**FILED** 4M

ANNUAL REPORT						8, 2004 0	
DOCUMENT # P95000060019  1. Entity Name SOUTHEAST CLOTHING COMPANY					Secretary of State		
Principal Place of Business  298 INDIAN TRACE WESTON, FL 33326  US  Mailing Address 7631 N.W. 6TH COURT PLANTATION, FL 33324			4. 74				
DO NOT WRITE IN THIS SPAC				02112004 No Chg-P CR2E034 (10/03)  4. FEI Number			
6. Name and Address of Current Registered Agent BECKER, MAXINE 7631 N.W. 6TH COURT PLANTATION, FL 33324				DO NOT WRITE IN THIS SPACE			
	e named entity submits this statement for titions of registered agent.  Signature, typed or printed name of registered agent and		· · · · · · · · · · · · · · · · · · ·	gistered agent, or bo	·	oricla. I am familiar with,	and accept
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	<u> L</u>		\$5.00 May Be Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECKER, MAXINE 7631 N.W. 6TH COURT PLANTATION, FL 33324 VD BECKER, ANDREW 7631 N.W. 6TH COURT PLANTATION, FL 33324 TD BECKER, KIMBERLY 7631 N.W. 6TH COURT PLANTATION, FL 33324 SD BECKER, ALLISON 7631 N.W. 6TH COURT PLANTATION, FL 33324	mecions			U00000 03/01/04 NOT W THIS SI		0.00 '
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE							
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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:

\*\*MORCH\*\*

\*\*AUD64\*\*

\*\*Y9474WW\*\*

SIGNATURE:\*\*

\*\*AUD64\*\*

\*\*AUD64\*\*

\*\*AUD64\*\*

\*\*Y9474WW\*\*

\*\*SY474WW\*\*

\*\*BERKGL\*\*

\*\*AUD64\*\*

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR