## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000031300

FILED Feb 10, 2004 Secretary of State

Entity Name: SOUTHEAST UNITED MANAGEMENT COMPANY

urrent P	rincipal Place	e of Business:	New Principal Place	of Business:
1373 SW 0-11	/ 211 ST			
iami, FL	33189 US			
urrent N	lailing Addres	ss:	New Mailing Addres	s:
1373 SW	211 ST			
D-11 IAMI, FL	33189 US			
El Number	: 65-0742197	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	d Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:
UTSEY, 5448 SW IAMI, FL	/ 150 ST.			
	e named entity e of Florida.	submits this statement for the p	purpose of changing its registere	d office or registered agent, or both,
	e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
the State	e of Florida. RE:	submits this statement for the particles of Registered Ag		d office or registered agent, or both,  Date
the State	e of Florida. RE: Electror			
the State	e of Florida. RE: Electror	nic Signature of Registered Ag g Trust Fund Contribution().	ent	
the State IGNATUI ection Car FFICER: tte: ame: ddress:	e of Florida.  RE: Electror  mpaign Financin  S AND DIREC	nic Signature of Registered Ag g Trust Fund Contribution ( ). ETORS: ) Delete F 0 ST.	ent	Date
the State	e of Florida.  RE: Electror  mpaign Financin  S AND DIREC  P ( EUTSEY, JOE 15448 SW 150  MIAMI, FL 331	nic Signature of Registered Agg g Trust Fund Contribution ( ).  ETORS:  ) Delete F 0 ST. 96 US ) Delete ETON A CO DR.	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KAREN M. WRIGHT VP 02/10/2004