

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000065942**

1. Entity Name

**SOUTHEASTERN CONSOLIDATED INDUSTRIES, INC.**



Principal Place of Business

**7500 NW 82 PLACE  
MIAMI, FL 33166**

Mailing Address

**7500 NW 82 PLACE  
MIAMI, FL 33166**



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number

**65-0773838**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**DONES, JORGE  
7500 NW 82 PLACE  
MIAMI, FL 33166**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DONES, ANGEL J
STREET ADDRESS	7500 NW 82 PLACE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	DONES, MARIA H
STREET ADDRESS	7500 NW 82 PLACE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VSTD
NAME	KRISSEL, RICHARD
STREET ADDRESS	7500 NW 82 PLACE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	KRISSEL, SUSAN
STREET ADDRESS	7500 NW 82 PLACE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000314662  
05/03/08-80086-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_