


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90008 011 ***150.00

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|--|--|--|---|--|--|
| DOCUMENT # P98000042173 1. Entity Name SOUTH END REAL ESTATE, INC. | | | |  | |
| Principal Place of Business 34625 SW 214TH AVE. HOMESTEAD, FL 33034 | | | | Mailing Address 34625 SW 214TH AVE. HOMESTEAD, FL 33034 | |
| 2. Principal Place of Business | | 3. Mailing Address <i>P.O. Box 0421</i> | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State <i>Homestead, FL</i> | | 4. FEI Number 65-0832336 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip <i>33090</i> | | Country <i>US</i> | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent ODOM, STEVE JR. 15600 SW 288TH ST., SUITE 305 HOMESTEAD, FL 33033-1200 | | | | 7. Name and Address of New Registered Agent Name <i>Odom, Steve Jr.</i> Street Address (P.O. Box Number is Not Acceptable) <i>75 NE 15th Street</i> City <i>Homestead</i> <i>FL</i> <i>33030</i> | |
| 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: <i>Steve Odom</i> (NOTE: Registered Agent signature required when reinstating) <i>20 Feb 06</i> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ODOM, STEVE JR. 34625 SW 214TH AVE. HOMESTEAD, FL 33034 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1 | | <input type="checkbox"/> Delete | | |
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| 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: <i>Steve Odom</i> <i>20 Feb 06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |