2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S01495

1. Entity Name
SOUTHEAST INSURANCE BROKERAGE COMPANY

Principal Place of Business	Mailing Address
2 ALHAMBRA PLAZA 1200 CORAL GABLES, FL 33134 US	2 ALHAMBRA PLAZA 1200 CORAL GABLES, FL 33134 US

DO NOT WRITE IN THIS SPACE

04282006   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-3031701

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, THOMAS D
2 ALHAMBRA PLAZA, SUITE 1200
CORAL GABLES, FL 33134

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	ANDERSEN, THOMAS D
STREET ADDRESS	2 ALHAMBRA PLAZA, SUITE 1200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	MENDOZA, ROSA G.
STREET ADDRESS	2 ALHAMBRA PLAZA, SUITE 1200
CITY-ST-ZIP	CORAL GABLES, FL 33134

U00000560755
05/18/06-80053-011 150.00

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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: _Thomas D. Andersen_   4/28/2006   305 338-0016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #