


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90207 013 ***150.00

DOCUMENT # S01495	
1. Entity Name SOUTHEAST INSURANCE BROKERAGE COMPANY	

Principal Place of Business 2 ALHAMBRA PLAZA 1200 CORAL GABLES, FL 33134 US	Mailing Address 2 ALHAMBRA PLAZA 1200 CORAL GABLES, FL 33134 US
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2. Principal Place of Business - No P.O. Box # 2665 South Bayshore Dr.	3. Mailing Address 2665 South Bayshore Dr.
Suite, Apt. #, etc. 1001	Suite, Apt. #, etc. 1001

City & State Coconut Grove, FL	City & State Coconut Grove, FL
Zip 33133	Zip 33133
Country USA	Country USA

04162007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3031701	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ANDERSON, THOMAS D 2 ALHAMBRA PLAZA, SUITE 1200 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Andersen, Thomas D. Street Address (P.O. Box Number is Not Acceptable) 2665 South Bayshore Dr., Suite 1001 City Coconut Grove FL Zip Code 33133
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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 <i>Thomas D. Andersen</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE 4/16/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ANDERSEN, THOMAS D 2 ALHAMBRA PLAZA, SUITE 1200 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Andersen, Thomas D. 2665 South Bayshore Dr., Suite 1001 Coconut Grove, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDOZA, ROSA G. 2 ALHAMBRA PLAZA, SUITE 1200 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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>Thomas D. Andersen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 4/16/2007 DAYTIME PHONE 305-338-0016