


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 06, 2005 08:00 AM
Secretary of State

DOCUMENT # V08219 1. Entity Name SOUTHEAST AND ASSOCIATES, INC.	
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Principal Place of Business 728 NW 177 AVENUE PEMBROKE PINES, FL 33029 US	Mailing Address 728 N. W. 177 AVENUE PEMBROKE PINES, FL 33029 US
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DO NOT WRITE IN THIS SPACE



07052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0318929	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GELMAN, ALLEN
728 N.W. 177 AVE
PEMBROKE PINES, FL 33029

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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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GELMAN, ALLEN 728 NW 177TH AVE PEMBROKE PIENS, FL.
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 and/or other like empowerment.

SIGNATURE: Allen GELMAN 7/5/05 954-742-8999

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