

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000032521

**Entity Name:** SOUTHEAST ANNUITY EXCHANGE, INC.

**FILED**  
**Apr 06, 2018**  
**Secretary of State**  
**CC0542202208**

**Current Principal Place of Business:**

WILTON EXECUTIVE SUITES  
2312 WILTON DRIVE SUITE 20  
WILTON MANORS, FL 33305

**Current Mailing Address:**

1314 E. LAS OLAS BLVD  
1078  
FORT LAUDERDALE, FL 33301 US

**FEI Number: 58-2342820**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PALOMBO, KEVIN M  
WILTON EXECUTIVE SUITES  
2312 WILTON DRIVE SUITE 20  
WILTON MANORS, FL 33305 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            PALOMBO, KEVIN M  
Address        WILTON EXECUTIVE SUITES  
                  2312 WILTON DRIVE SUITE 20  
City-State-Zip: WILTON MANORS FL 33305

Title            VP  
Name            CICOTTE, AL F  
Address        WILTON EXECUTIVE SUITES  
                  2312 WILTON DRIVE SUITE 20  
City-State-Zip: WILTON MANORS FL 33305

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KEVIN M. PALOMBO**

**PRESIDENT**

**04/06/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date