

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90295 001 ***150.00

DOCUMENT # L57328
 1. Entity Name
 207 VILLA REGINA, INC.



Principal Place of Business: 505 S FLAGLER DRIVE, STE 300, WEST PALM BEACH FL 33401 US
 Mailing Address: 505 S FLAGLER DRIVE, STE 300, WEST PALM BEACH FL 33401 US

00000004



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: ONE N. CLEMATIS STREET
 Suite, Apt. #, etc.

3. Mailing Address: P.O. BOX 4297
 Suite, Apt. #, etc.

City & State: WEST PALM BEACH, FL
 Zip: 33402 Country: USA

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 Zip: 33402 Country: USA

4. FEI Number: 65-0192338 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHOPIN, L FRANK
 505 S FLAGLER DRIVE
 STE 300
 WEST-PALM-BEACH FL 33401

7. Name and Address of New Registered Agent
 Name: CHOPIN, L FRANK
 Street Address (P.O. Box Number is Not Acceptable): ONE N. CLEMATIS STREET
 City: WEST PALM BEACH FL Zip Code: 33401

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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	CHOPIN, L FRANK	
STREET ADDRESS	505 S FLAGLER DRIVE STE 300	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOPIN, L FRANK	
STREET ADDRESS	ONE N. CLEMATIS STREET	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 fees empowered.

SIGNATURE: _____ Date: 4/29/05 Daytime Phone #: 561-655-9500