

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90172 026 \*\*\*\*70.00

**DOCUMENT # N04744**

1. Entity Name

REGIS HOUSE, INC.



Principal Place of Business

2010 N.W. 7TH STREET  
MIAMI FL 33125  
US

Mailing Address

2010 N.W. 7TH STREET  
MIAMI FL 33125  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2446131

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEREZ-LERENA, FRANCISCO S.J.  
12725 SW 6TH STREET  
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEREZ-LERENA S. J. , FRANCISCO	
STREET ADDRESS	13339 SW 9TH TERR.	
CITY-ST-ZIP	MIAMI FL	

TITLE	VD	<input type="checkbox"/> Delete
NAME	GORT, WILLIY	
STREET ADDRESS	600 BRICKELL AVE., #301	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	SD	<input type="checkbox"/> Delete
NAME	SUAREZ-BURGOS, MARCO A.	
STREET ADDRESS	200 S.W. 30TH ROAD	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA-TUNON, GUILLERMO	
STREET ADDRESS	12725 SW 6TH STREET	
CITY-ST-ZIP	MIAMI FL 33184	

TITLE	D	<input type="checkbox"/> Delete
NAME	DELVALLE, FRANCISCO	
STREET ADDRESS	2825 GRANADA BLVD. APT.1-4	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	TD	<input type="checkbox"/> Delete
NAME	BISHOP, LORI	
STREET ADDRESS	1614 CRANDON BLVD. #414	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ-LERENA S.J., FRANCISCO	
STREET ADDRESS	12725 SW 6th Street	
CITY-ST-ZIP	Miami, FL 33184	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUANO, ROBERT	
STREET ADDRESS	1544 Murcia Avenue	
CITY-ST-ZIP	Coral Gables, FL 33134	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ-BURGOS, MARCO A.	
STREET ADDRESS	200 SW 30th ROAD	
CITY-ST-ZIP	Miami, FL 33129	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RESHEFSKY, GARY	
STREET ADDRESS	2951 So. BAYSHORE DR.#909	
CITY-ST-ZIP	Miami, FL 33133	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZARATE, MONICA	
STREET ADDRESS	830 NW 86th AVA. #319	
CITY-ST-ZIP	Plantation, FL 33324	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERCADO, VERONICA	
STREET ADDRESS	17130 NW 36th AVE.	
CITY-ST-ZIP	Carol City, FL 33056	

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 617, 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.

REV. FRANCISCO PEREZ-LERENA, S.J.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/05 (305)642-7600

Date

Daytime Phone #