
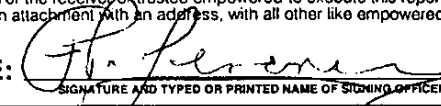



pg 6 of 2

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
05 OCT -4 AM 10: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
4. FEI Number 59-2446131		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		7. Name and Address of New Registered Agent	
PEREZ-LERENA, FRANCISCO S.J. 12725 SW 6TH STREET MIAMI, FL 33184		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 _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEREZ-LERENA S. J., FRANCISCO 12725 SW 6TH STREET MIAMI, FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10/04/05 01045 on \$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GORT, WILLIY 600 BRICKELL AVE., #301 MIAMI, FL 33131 <input 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	D SUAREZ-BURGOS, MARCO A. 200 S.W. 30TH ROAD MIAMI, FL 33129 <input 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	D GARCIA-TUNON, GUILLERMO 12725 SW 6TH STREET MIAMI, FL 33184 <input 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	D DELVALLE, FRANCISCO 2825 GRANADA BLVD. APT. 1-4 CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10/5
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BISHOP, LORI 1614 CRANDON BLVD. #414 KEY BISCAVNE, FL 33149 <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 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.			
SIGNATURE: 		09/02/05 Date Daytime Phone #	

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		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
	SD	RUANO, ROBERT	1544 Murcia Avenue		
		Coral Gables, FL 33134			
	D	RESHEFSKY, GARY	2951 So. BAYSHORE DR. #909		
		Miami, FL 33133			
	D	ZARATE, MONICA	830 NW 86th AVE. #319		
		Plantation, FL 33324			
	D	MERCADO, VERONICA	7130 NW 36th AVE.		
		Carol City, FL 33056			
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SIGNATURE: <i>Francisco S.J. Perez-Lerena</i>				09/02/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	