


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90324 021 ***150.00

DOCUMENT # P02000006520

1. Entity Name
REGALOS EXPRESS, INC.



Principal Place of Business
**14240 42ND STREET NORTH #2703
TAMPA FL 33613**

Mailing Address
**14240 42ND STREET NORTH #2703
TAMPA FL 33613**



2. Principal Place of Business
17106 Carrington Park Dr

3. Mailing Address
17106 Carrington Park Dr

Suite, Apt. #, etc.
616

City & State
Tampa FL

4. FEI Number
03-0412274

Applied For
 Not Applicable

Zip
33647

Country
EEUU

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MONICA A. SUAREZ DIAZ
14240 42ND STREET NORTH #2703
TAMPA FL 33613

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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	D	<input type="checkbox"/> Delete
NAME	SUAREZ, JACINTO	
STREET ADDRESS	14240 42ND STREET NORTH #2703	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEONOR DIAZ DE SUAREZ	
STREET ADDRESS	14240 42ND STREET NORTH #2703	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONICA A. SUAREZ DIAZ	
STREET ADDRESS	14240 42ND STREET NORTH #2703	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input type="checkbox"/> Delete
NAME	IVAN D. SUAREZ DIAZ	
STREET ADDRESS	14240 42ND STREET NORTH #2703	
CITY-ST-ZIP	TAMPA FL 33613	
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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacinto Suarez	
STREET ADDRESS	17106 Carrington Park Dr. #616	
CITY-ST-ZIP	Tampa FL, 33647.	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leonor Diaz de Suarez	
STREET ADDRESS	17106 Carrington Park Dr. #616	
CITY-ST-ZIP	Tampa FL, 33647.	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Monica A. Suarez Diaz	
STREET ADDRESS	17106 Carrington Park Dr #616	
CITY-ST-ZIP	Tampa FL, 33647.	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ivan D. Suarez Diaz	
STREET ADDRESS	17106 Carrington Park Dr. #616	
CITY-ST-ZIP	Tampa FL, 33647.	
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		
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 like empowered.

SIGNATURE: _____ **REQUIRED** **04/17/03**

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

CRE034 (10/02)