


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L57331					
1. Entity Name 603 VILLA REGINA, INC.					
Principal Place of Business 505 S FLAGLER DR STE 300 WEST PALM BEACH FL 33401 US			Mailing Address 505 S FLAGLER DR STE 300 WEST PALM BEACH FL 33401 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 65-0192335	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHOPIN, L FRANK 505 S FLAGLER DR STE 300 WEST PALM BEACH FL 33401				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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSP CHOPIN, L FRANK 505 S FLAGLER DR STE 300 WEST PALM BEACH FL 33401		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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MOORE CR2E034 (11/03)

4. FEI Number **65-0192335** Applied For ☐ Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 \$150.00
After May 1, 2004 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

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

SIGNATURE:  **L. Frank Chopin** 04/17/04 501-655-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #