

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90164 031 ***150.00

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DOCUMENT # L57331 1. Entity Name 603 VILLA REGINA, INC.			
Principal Place of Business 223 SUNSET AVE. SUITE 230 PALM BEACH, FL 33480 US		Mailing Address PO BOX 4297 WEST PALM BEACH, FL 33402 US	
2. Principal Place of Business - No P.O. Box # 9400 S. DADELAND BLVD Suite, Apt. #, etc. #601	3. Mailing Address 9400 S. DADELAND BLVD. Suite, Apt. #, etc. #601	04232008 Chg-P CR2E034 (12/06)	
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA	4. FEI Number 65-0192335	
Zip 33156	Country USA	Zip 33156	Country USA
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHOPIN, L FRANK 223 SUNSET AVE. SUITE 230 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name ROBERT TARABOULOS Street Address (P.O. Box Number is Not Acceptable) 9400 S. DADELAND BLVD #601 City MIAMI, FL Zip Code 33156	
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 <u><i>Robert Taraboulos</i></u> Signature, typed or printed name of registered agent and title if applicable.		DATE <u>4/23/08</u> (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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, FRANK L 223 SUNSET AVE. STE. 230 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSP ROBERT TARABOULOS 9400 S. DADELAND BLVD #601 MIAMI FLORIDA 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Robert Taraboulos</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/23/08</u> Daytime Phone # <u>305-670-3370</u>	