

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 196530

1. Entity Name
REGAL KITCHENS, INC.



Principal Place of Business
**8600 N W SOUTH RIVER DR
MIAMI, FL 33166**

Mailing Address
**8600 N W SOUTH RIVER DR
MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0785866

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEAVY, PETER H
801 BRICKELL AVE STE 1901
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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: *Robert E Sweeney*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

3/29/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

1000000104816
04/06/04-80026-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SWEENEY, ROBERT E
STREET ADDRESS	8600 NW S RIVER DR
CITY - ST - ZIP	MIAMI, FL
TITLE	SD
NAME	HICKS, PAUL F
STREET ADDRESS	8600 NW S RIVER DR
CITY - ST - ZIP	MIAMI, FL
TITLE	V
NAME	SWEENEY JR., ROBERT E V.P.
STREET ADDRESS	8600 NW SOUTH RIVER DRIVE
CITY - ST - ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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: *Robert E Sweeney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04

Date

885-0111

Daytime Phone #