


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 756654 1. Entity Name REGALO WAREHOUSE CONDOMINIUM ASSOCIATION, INC.	
----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 3822 W. 12TH AVE. HIALEAH FL 33012	Mailing Address 3822 W. 12TH AVE. HIALEAH FL 33012
----------------------------------------------------------------------	----------------------------------------------------------



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-----------------------------------------------------------	-----------------------------------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 59-1899635	Applied For Not Applicable
------------------------------------	-------------------------------

6. Name and Address of Current Registered Agent CAYON, ROBERTO 3822 W. 12 AVENUE HIALEAH FL	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
-------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------------------------------------------	---------------------------------------

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 \$61.25 Due By May 1, 2004	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	
TITLE NAME	PD CAYON, ROBERTO 19420 W ST ANDREWS DRIVE MIAMI FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	CAYON, GLADYS 19420 W ST ANDREWS DRIVE MIAMI FL 33014
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	CAYON, MAURICO 17950 SW 158 STREET MIAMI FL 33184
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000039835
02/09/04-80023-007 70.00

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR