


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90065 008 \*\*\*\*70.00

**DOCUMENT # 756654**

1. Entity Name  
**REGALO WAREHOUSE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**3822 W. 12TH AVE.**      **3822 W. 12TH AVE.**  
**HIALEAH FL 33012**      **HIALEAH FL 33012**

2. Principal Place of Business      3. Mailing Address


**3857 W. 16 Ave**      **3857 W. 16 Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Hialeah, FL**      **Hialeah, FL**

Zip      Country      Zip      Country

**33012**      **U.S.A.**      **33012**      **U.S.A.**



1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For

**59-1899635**      Not Applicable

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

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)

**3857 W. 16 Ave**

City      State      Zip Code

**FL**

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, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAYON, ROBERTO	
STREET ADDRESS	<del>19420 W ST ANDREWS DRIVE</del>	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAYON, GLADYS	
STREET ADDRESS	<del>19420 W ST ANDREWS DRIVE</del>	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAYON, MAURICO	
STREET ADDRESS	<del>17050 SW 158 STREET</del>	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3857 W. 16 Ave</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3857 W. 16 Ave</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3857 W. 16 Ave</b>	
CITY-ST-ZIP		
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 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:       Date: **1/26/05**      Daytime Phone #: **3058236721**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR