



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # J30462	
1. Entity Name REGENT BANK INSURANCE SERVICES, INC.	

Principal Place of Business 2205 S. UNIVERSITY DR. DAVIE, FL 33324	Mailing Address 2205 S. UNIVERSITY DR. DAVIE, FL 33324
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DO NOT WRITE IN THIS SPACE

	
01282004 No Chg-P	CR2E034 (10/03)
4. FEI Number 59-2727555	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEBBER, BARRY S 4430 S.W. 64TH AVENUE DAVIE, FL 33314	
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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 _____
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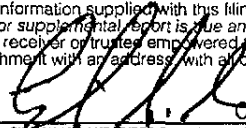
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OWEN, PAMELA J 1 SELKIRK CT SIMPSONVILLE, SC 29681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, RICHARD J 77 S BIRCH RD 4B FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPIRO, CYRIL S 712 SOLAR ILSE DRIVE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000056812
 02/19/04-80034-019 150.00

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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 like empowered.

SIGNATURE:  **CYRIL S. SPIRO, CHAIRMAN & PRESIDENT 2/9/04 954-474-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #