

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90371 043 \*\*\*150.00

**DOCUMENT # J33761**

1. Entity Name  
**REGAL PROPERTIES, INC.**



Principal Place of Business

9735 N.W. 52 STREET  
APT #418  
MIAMI, FL 33178

Mailing Address

9735 N.W. 52 STREET  
APT #418  
MIAMI, FL 33178

2. Principal Place of Business

*10330 Mallard Landings Way*

3. Mailing Address

*10330 Mallard Landings Way*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Orlando Florida*

City & State

*Orlando Florida*

Zip

*32832*

Country

*USA*

Zip

*32832*

Country

*USA*

03082006

Chg-P

CR2E034 (11/05)

4. FEI Number

**59-2756203**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

CEIDA, PARRA  
9735 N.W. 52 STREET #418  
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name *Juan Carlos Parra*

Street Address (P.O. Box Number is Not Acceptable)

*10330 Mallard Landings Way*

City

*Orlando*

**FL**

Zip Code

*32832*

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

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

(NOTE: Registered Agent signature required when reinstating)

*4/13/06*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **PARRA, JUAN C**  
CITY-ST-ZIP **6217 WESTGATE DR., #808  
ORLANDO, FL 32835**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **PARRA, CEIDA**  
CITY-ST-ZIP **9735 NW 52 STREET #418  
MIAMI, FL 33178**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **PARRA, DANIEL**  
CITY-ST-ZIP **9735 NW 52 STREET #418  
MIAMI, FL 33178**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *10330 Mallard Landings Way*  
CITY-ST-ZIP *Orlando, FL 32832*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*[Signature]*

*4/13/06*