

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J98729

FILED
Jan 13, 2004
Secretary of State

Entity Name: REGENCY SQUARE, INC.

Current Principal Place of Business:

217 LAKE ELLEN DR
CASSELBERRY, FL 32707 US

New Principal Place of Business:

551 TIBERON COVE ROAD
LONGWOOD, FL 32750 US

Current Mailing Address:

217 LAKE ELLEN DR
CASSELBERRY, FL 32707 US

New Mailing Address:

551 TIBERON COVE ROAD
LONGWOOD, FL 32750 US

FEI Number: 59-2862506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEHFAR, FARID
217 LAKE ELLEN DR.
CASSELBERRY, FL 32707

Name and Address of New Registered Agent:

BEHFAR, FARID
551 TIBERON COVE RD
LONGWOOD, FL 32750

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.

SIGNATURE:

01/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BEHFAR, FARID,
Address: 217 LAKE ELLEN DR
City-St-Zip: CASSELBERRY, FL

Title: V () Delete
Name: BEHFAR, MOHAMMED
Address: 223 LAKE ELLEN DR
City-St-Zip: CASSELBERRY, FL 32707

Title: S () Delete
Name: BEHFAR, ANN, S,
Address: 217 LAKE ELLEN DR
City-St-Zip: CASSELBERRY, FL

Title: T () Delete
Name: HOLLY, JERIDI
Address: 646 CONVERSE RD
City-St-Zip: LONGMEADOW, MA 01106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BEHFAR, FARID,
Address: 551 TIBERON COVE ROAD
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BEHFAR, ANN, S,
Address: 551 TIBERON COVE ROAD
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FARID BEHFAR

DP

01/13/2004

Electronic Signature of Signing Officer or Director

Date