

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J98729

Entity Name: REGENCY SQUARE, INC.

FILED  
Jan 04, 2007  
Secretary of State

## Current Principal Place of Business:

551 TIBERON COVE ROAD  
LONGWOOD, FL 32750 US

## New Principal Place of Business:

## Current Mailing Address:

551 TIBERON COVE ROAD  
LONGWOOD, FL 32750 US

## New Mailing Address:

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  
551 TIBERON COVE RD  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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: 551 TIBERON COVE ROAD  
City-St-Zip: LONGWOOD, FL 32750

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 Chapter 119, 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: ANN BEHFAR

S

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date