2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# P00000013612

Entity Name: REGENT BANCORP, INC.

Current Principal Place of Business:

2205 S UNIVERSITY DR
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

2205 S UNIVERSITY DR
DAVIE, FL 33324

New Mailing Address:

FEI Number: 65-1059928 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIRO, CYRIL S
2205 S UNIVERSITY DR
DAVIE, FL 33324 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:	D	( ) Delete
Name:	CAPORELLA, THOMASINA	
Address:	160 UNIVERSITY DR. STE.C	
City-St-Zip:	PLANTATION, FL 33324	
Title:	D	( ) Delete
Name:	CERRA, JEAN G	
Address:	11300 NE 2ND AVE	
City-St-Zip:	MIAMI SHORES, FL	
Title:	D	( ) Delete
Name:	WEBBER, BARRY S	
Address:	4430 SW 64TH AVENUE	
City-St-Zip:	DAVIE, FL 33314	
Title:	D	( ) Delete
Name:	GRIFFIN, ALFRED D	
Address:	6211 SW 45TH ST	
City-St-Zip:	DAVIE, FL	
Title:	DC	( ) Delete
Name:	SPIRO, CYRIL S	
Address:	2205 S UNIVERSITY DR	
City-St-Zip:	DAVIE, FL 33324	
Title:	D	( ) Delete
Name:	TOWN, GEORGE D JR	
Address:	3250 STIRLING RD	
City-St-Zip:	HOLLYWOOD, FL	

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:	
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 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: CYRIL S SPIRO DC 02/09/2009

Electronic Signature of Signing Officer or Director — Date