


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90001 022 ***150.00

DOCUMENT # P00000030596 1. Entity Name REGAS REALTY CONSULTANTS, INC.					
Principal Place of Business 20 SW 27TH AVENUE SUITE 101 POMPANO BEACH, FL 33069			Mailing Address 800 CYPRESS GROVE DRIVE SUITE 410 POMPANO BEACH, FL 33069		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0992058	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REGAS, MICHAEL G 800 CYPRESS GROVE DRIVE SUITE 410 POMPANO BEACH, FL 33069				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REGAS, MICHAEL G 800 CYPRESS GROVE DRIVE, SUITE 410 POMPANO BEACH, FL 33069			TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: <u>Michael Rega</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11 May 08 954-972-2264 <small>Date Daytime Phone #</small>	

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4. FEI Number
65-0992058

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7. Name and Address of New Registered Agent

REGAS, MICHAEL G
800 CYPRESS GROVE DRIVE
SUITE 410
POMPANO BEACH, FL 33069

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
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800 CYPRESS GROVE DRIVE, SUITE 410
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 May 08 954-972-2264
Date Daytime Phone #