2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000039993 REGIUS PROPERTIES, INC. Principal Place of Business Mailing Address % 2501 PINETREE DRIVE % 2501 PINETREE DRIVE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip 6. Name and Address of Current Registered Agent Plan Correct BOYHIW ROBERT 2501 PINE TREE DRIVE **MIAMI FL 33140** 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 age SIGNATURE

FILE NOW!!! FEE IS \$150.00

OFFICERS AND DIRECTORS

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

111-4000 COLLINS AVE.

MIAMI BEACH FL 33140

BOYKIW, ROBERT

10.

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

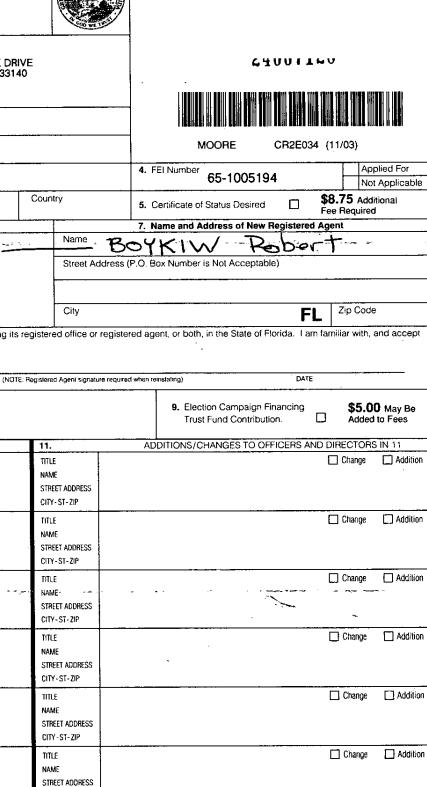
CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

FILED Feb 04, 2004 8:00 am **Secretary of State**

02-04-2004 90090 023 ***150.00



12. It hereby certify that the information supplied with this filing does not qualify 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 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 of 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 indirect like empowered.

CITY-ST-ZIP

Country

11.

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

TITLE

NAME

TITLE

NAME

TITLE

NAME -

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

City

SIGNATURE:

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR