2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90062 020 ***150.00

DOCUMENT # P01000007202

1. Entity Name
REGENT CONFECTIONS, INC.

Principal Place of Business	Mailing Address
437 HARBOUR OAKS POINTE DR. ORLANDO, FL 32809	437 HARBOUR OAKS POINTE DR. ORLANDO, FL 32809

02022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	300 Sevilla Avenue Suite, Apt. #, etc. Suite 215
City & State	City & State Coral Gables, Florida
Zip / Country	Zip 33134 / Country USA

4. FEI Number 52-2810124 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEATHERFORD, WILLIAM P JR 1150 LOUISIANA AVE. SUITE 4 WINTER PARK, FL 32789	Name John F. Yeager CPA Street Address (P.O. Box Number is Not Acceptable) 300 Sevilla Avenue Suite 215 City Coral Gables FL Zip Code 33134

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 [signature] 2/6/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D IQBAL, JAWED 437 HARBOUR OAKS POINTE DR. ORLANDO, FL 32809	☒ Delete	PRESIDENT KAREN MILLINER 118 LONDON KINGSTON SURREY ENGLAND KT26QJ	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IQBAL, SHAHID 437 HARBOUR OAKS POINTE DR. ORLANDO, FL 32809	☒ Delete	SECRETARY JOHN F YEAGER 300 SEVILLA AVE. #215 CORALGABLES FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IQBAL, KAUSER 437 HARBOUR OAKS POINTE DR. ORLANDO, FL 32809	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I 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 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: [signature] SECRETARY 2/6/04 305-444-2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #