

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90013 039 \*\*\*150.00

**DOCUMENT # P01000067570**

1. Entity Name  
REGAS REALTY, INC.



Principal Place of Business  
20 SW 27TH AVE  
S-101  
POMPANO BEACH, FL 33069

Mailing Address  
800 CYPRESS GROVE DR  
S-410  
POMPANO BEACH, FL 33069



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-0992058

Applied For

Not Applicable

Zip

Country

Zip

Country

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

REGAS, MICHAEL  
800 CYPRESS GROVE DR  
S-410  
POMPANO BEACH, FL 33069

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

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, 2006 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  
P  
REGAS, MICHAEL G  
800 CYPRESS GROVE DR, SUITE #410  
POMPANO BEACH, FL 33069 ☐ Delete

TITLE  
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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 an other like empowered.

SIGNATURE: *Michael Regas* 17Feb06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-969-8600  
Date Daytime Phone #

ATTACHMENT



60020086

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2006

REGAS REALTY, INC.  
800 CYPRESS GROVE DR  
S-410  
POMPANO BEACH, FL 33069

SUBJECT: REGAS REALTY, INC.  
Ref. Number: P01000067570

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

PAMELA YARBOR  
OPS

Letter Number: 806A00009290