


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-02-2008 90001 023 \*\*\*150.00

<b>DOCUMENT # P01000067570</b> 1. Entity Name <b>REGAS REALTY, INC.</b>					
Principal Place of Business <b>20 SW 27TH AVE S-101 POMPANO BEACH, FL 33069</b>			Mailing Address <b>800 CYPRESS GROVE DR S-410 POMPANO BEACH, FL 33069</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0992058</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>REGAS, MICHAEL 800 CYPRESS GROVE DR S-410 POMPANO BEACH, FL 33069</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P REGAS, MICHAEL G 800 CYPRESS GROVE DR, SUITE #410 POMPANO BEACH, FL 33069</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Michael Regas</i>			11 May 08 934-912-2264		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



800 Cypress Grove Drive  
Pompano Beach, FL 33069

Phone: 954-969-8600  
Fax: 954-208-2922  
Email: RegasRealty@aol.com  
www.regasrealty.com

ATTACHMENT

40106904

# P01000067570

April 5/12/08

Division of Corporation  
PO BOX 8800  
Tallahassee, FL 32314

To Whom It May Concern:

On 21 April, I was admitted to Shands Hospital into the ICU, I was released 3 May but not back to work until 8 May, at which time I discovered I had even though my annual report had been submitted in a timely manor I had failed to sign and date the renewal.

Attached is properly signed form

A handwritten signature in black ink that reads "Michael G. Regas". The signature is fluid and cursive, with the first name "Michael" being more prominent.

Thank you,  
Michael G. Regas CPM  
Broker  
800 Cypress Grove # 410  
Pompano Beach, FL 33069

Commercial  
Residential  
Sales / Leasing  
Property Management