

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000078314

FILED  
Apr 22, 2004  
Secretary of State

**Entity Name:** REGENCY MANAGEMENT GROUP INC.

**Current Principal Place of Business:**

335 11TH ST.  
ATLANTIC BCH, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

335 11TH ST.  
ATLANTIC BCH, FL 32233

**New Mailing Address:**

**FEI Number:** 59-3746053

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARTOW, RAMIN  
335 11TH ST.  
ATLANTIC BCH, FL 32233

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PARTOW, RAMIN  
Address: 335 11TH ST.  
City-St-Zip: ATLANTIC BCH, FL 32233

Title: D ( ) Delete  
Name: DARABI, FARZIN  
Address: 63 BCH AVE.  
City-St-Zip: ATLANTIC BCH, FL 32233

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMIN PARTOW

D

04/22/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date