

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000064600

1. Entity Name

ST. REGIS BROCK APTS INC.



Principal Place of Business

9827 BROCKBANK DRIVE
DALLAS, TX 75220

Mailing Address

P.O. BOX 5
STOWE, VT 05672-0005



01092006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2383176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTELLANO, NELSON T
101 E. KENNEDY BOULEVARD
SUITE 2700
TAMPA, FL 33602

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IN THIS SPACE**

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

100000386663
01/19/06-80009-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	GROSS, STEPHEN
STREET ADDRESS	1604 ST. REGIS BOULEVARD
CITY-ST-ZIP	DORVAL QUEBEC CANADA H9P-1H6,
TITLE	DP
NAME	TEITELBAUM, IRVING
STREET ADDRESS	1604 ST. REGIS BOULEVARD
CITY-ST-ZIP	DORVAL QUEBEC CANADA H9P-1H6,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 12, 2006 (514) 421-8721

Date

Daytime Phone #