FILED
May 20, 2005 8:00 am
Secretary of State

04-20-2005 90329 027 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000100687

1. Entity Name
REGENCY VENTURES GROUP, INC.

Principal Place of Business	Mailing Address
142 LOST BRIDGE DR PALM BEACH, FL 33410	142 LOST BRIDGE DR PALM BEACH, FL 33410

66017999

04142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1085 SEAGRAPE ROAD	→ SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LANTANA, FL	City & State: → SAME
Zip: 33462 Country:	Zip: 33462 Country:

4. FEI Number: 27-0030935 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MATOS, BERNARD
142 LOST BRIDGE DR
PALM BEACH, FL 33410

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 1085 SEAGRAPE ROAD
City: LANTANA FL Zip Code: 33462

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 ____________ 4/1/05
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, 2005 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	PVST MATOS, BERNARD 142 LOST BRIDGE DR PALM BEACH GARDENS, FL 33410 ☐ Delete ADDRESS CHANGE ONLY →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST 1085 SEAGRAPE Rd LANTANA, FL 33462 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: ____________ 4/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #