

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000121114

1. Entity Name
REGILLUS TECHNOLOGY, INC.



Principal Place of Business
350 FAIRWAY DRIVE
SUITE 200
DEERFIELD BEACH, FL 33441

Mailing Address
1730 S. FEDERAL HIGHWAY
203
DELRAY BEACH, FL 33483



03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1638429

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DOEL, CHERYL L
1730 S. FEDERAL HIGHWAY
203
DELRAY BEACH, FL 33483

**DO NOT WRITE
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME DOEL, CHERYL L
STREET ADDRESS 1730 SOUTH FEDERAL HIGHWAY, #203
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE V
NAME MORALES, E J
STREET ADDRESS 1730 SOUTH FEDERAL HIGHWAY, #229
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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04/19/04-80032-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl Doel 4/15/04 954-725-7599

Date

Daytime Phone #