## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000049941

Entity Name: REGAL MORTGAGE & INVESTMENT, INC.

**FILED** Mar 23, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Clirrent Principal Place of Bliginess.	New Principal Place of Bilsiness

3600 S. STATE ROAD 7 3600 S. STATE ROAD 7 242 14 & 15 MIRAMAR, FL 33023 MIRAMAR, FL 33023

**Current Mailing Address: New Mailing Address:** 

3600 S. STATE ROAD 7 3600 S. STATE ROAD 7 14 & 15 MIRAMAR, FL 33023 MIRAMAR, FL 33023

FEI Number: 16-1664602 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete Title: **PSTD** (X) Change ( ) Addition Name: WALTERS, SIMONE L Name: WALTERS, SIMONE L 20331 N.W. 32ND CT. 2451 SW 103 WAY Address: Address: City-St-Zip:

MIAMI, FL 33056 City-St-Zip: MIRAMAR, FL 33025

Title: Title: () Delete (X) Change ( ) Addition WALTERS, CLIFTON G Name: Name: WALTERS, CLIFTON G 20331 N.W. 32ND CT. Address: 2451 SW 103 WAY Address: MIAMI, FL 33056 MIRAMAR, FL 33025 City-St-Zip: Citv-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: SIMONE WALTERS **PSTD** 03/23/2005