

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2004 8:00 am**  
**Secretary of State**

07-15-2004 90006 012 \*\*\*158.75

<b>DOCUMENT # P03000062687</b> 1. Entity Name <b>HEAVEN'S TREASURES BY REGALIA, INC.</b>			
Principal Place of Business <b>C/O 5000 S.W. 75TH AVENUE SUITE 204 MIAMI, FL 33155</b>		Mailing Address <b>C/O 5000 S.W. 75TH AVENUE SUITE 204 MIAMI, FL 33155</b>	
2. Principal Place of Business <b>9100 S. Dade And Blvd.</b> Suite, Apt. #, etc. <b>Suite 103</b>		3. Mailing Address <b>9100 S. Dade And Blvd.</b> Suite, Apt. #, etc. <b>Suite 103</b>	
City & State <b>Miami, Florida</b> Zip <b>33156</b>		City & State <b>Miami, Florida</b> Zip <b>33156</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-0045180</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		07072004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>NELSON, BARRY A ESQ. 2775 SUNNY ISLES BOULEVARD SUITE 118 NORTH MIAMI BEACH, FL 33160</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JUBIS, MAGDA S</b> <b>5000 SW 75TH AVENUE #204</b> <b>MIAMI, FL 33155</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JUBIS, OSCAR</b> <b>5000 SW 75TH AVENUE #204</b> <b>MIAMI, FL 33155</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOANIDES, LISETTE J</b> <b>5000 SW 75TH AVENUE #204</b> <b>MIAMI, FL 33155</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LISETTE J. DOBSON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOBSON, ELI H</b> <b>5000 SW 75TH AVENUE #204</b> <b>MIAMI, FL 33155</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Lisette J. Dobson</u> <b>Lisette J. Dobson</b> 7-7-04 (305)670-1021 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			