


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P03000062687</b>                               |  |
| 1. Entity Name<br><b>HEAVEN'S TREASURES BY REGALIA, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>8360 SW 142 ST<br/>MIAMI, FL 33158</b> | Mailing Address<br><b>P.O. BOX 56-2530<br/>MIAMI, FL 33256</b> |
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**DO NOT WRITE IN THIS SPACE**



01312008 No Chg-P CR2E034 (11/05)

|  |  |
|--|--|
| 4. FEI Number<br><b>20-0045180</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>NELSON, BARRY A ESQ.<br/>2775 SUNNY ISLES BOULEVARD<br/>SUITE 118<br/>NORTH MIAMI BEACH, FL 33160</b> |  |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|---|------------|

|   |  |   |
|---|--|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>000000841983<br/>03/11/08-80009-021 158.75</b> |
|---|--|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JUBIS, MAGDA S<br>7501 SW 116 ST<br>MIAMI, FL 33156    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JUBIS, OSCAR<br>7501 SW 116 ST<br>MIAMI, FL 33156      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DOBSON, LISETTE J<br>7501 SW 116 ST<br>MIAMI, FL 33156 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DOBSON, ELI H<br>7501 SW 116ST<br>MIAMI, FL 33156      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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

|  |      |                 |
|--|------|-----------------|
| <b>SIGNATURE:</b> <i>Lisette J. Dobson</i> <b>Lisette J. Dobson</b> <b>2/3/08 (305) 670-1021</b> | Date | Daytime Phone # |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                |      |                 |