

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90001 011 ***558.75

50061990



DOCUMENT # P03000086777 1. Entity Name REGENT COURT MANAGEMENT INC.						
Principal Place of Business 190 NW SPANISH RIVER BLVD STE 201 BOCA RATON, FL 33431			Mailing Address 4865 REGENCY CT BOCA RATON, FL 33434			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		4. FEI Number 20-0138323		
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable		
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE STE 3000 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 required for principal officer or registered agent and the filer (if filer is not a registered agent) (NOTE: Registered Agent signature required when changing)						
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	PDS GOLDSTEIN, SAM 4865 REGENCY CT BOCA RATON, FL 33434		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Goldstein, Sam ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	VDT FRIES, RACHEL 920 GREEN PLACE WOODMERE, NY 11598		☐ 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 the empowered.						
SIGNATURE:			SAM GOLASTEN 7/26/05 (561) 347-5802			