

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000045540

1. Entity Name
AVATAR REGALIA, INC.



Principal Place of Business
**201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134**

Mailing Address
**201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134**



03302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0874213

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KERRIGAN, JUANITA I
201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134**

**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, 2006 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 KELFER, GERALD D
STREET ADDRESS 201 ALHAMBRA CIRCLE, 12TH FLOOR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE V
NAME FELS, JONATHAN
STREET ADDRESS 201 ALHAMBRA CIRCLE, 12TH FLOOR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE V
NAME LEVY, MICHAEL
STREET ADDRESS 201 ALHAMBRA CIRCLE, 12TH FLOOR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE V
NAME GETMAN, DENNIS J
STREET ADDRESS 201 ALHAMBRA CIRCLE, 12TH FLOOR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VT
NAME MCNAIRY, CHARLES L
STREET ADDRESS 201 ALHAMBRA CIRCLE, 12TH FLOOR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VS
NAME KERRIGAN, JUANITA I
STREET ADDRESS 201 ALHAMBRA CIRCLE, 12TH FLOOR
CITY-ST-ZIP CORAL GABLES, FL 33134

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05/16/06-80021-016 158.75

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Juanita I. Kerrigan VP/sec.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUANITA I. KERRIGAN

4/24/06 (305) 442-7000
Date Daytime Phone #