

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90090 007 ***150.00

DOCUMENT # P05000087516 1. Entity Name THE REGINE MONESTIME FIRM, P.A.					
Principal Place of Business 20840 SAN SIMEON WAY 606 MIAMI, FL 33179			Mailing Address 20840 SAN SIMEON WAY 606 MIAMI, FL 33179		
2. Principal Place of Business - No P.O. Box # Suite, Apt. # etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number APPLIED FOR Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05072007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MONESTIME, REGINE 20840 SAN SIMEON WAY 606 MIAMI, FL 33179			7. Name and Address of Now 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: DATE: 5/4/07 <small>(Signature by type or printed name of registered agent and not applicable) (NOTE: Registered Agent signature required when installing)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MONESTIME, REGINE 20840 SAN SIMEON WAY, APT. 606 MIAMI, FL 33179	<input type="checkbox"/> Delete			
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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, or other like empowered.			FILE # 83-0432336		
SIGNATURE:			DATE: 5/4/07 TELEPHONE: 305-653-4710		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					