

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-09-2007 90080 017 ***150.00

DOCUMENT # P05000126908

1. Entity Name
REGAL INVESTMENT SERVICES, INC.



Principal Place of Business
**15545 MIAMI LAKEWAY N #101
MIAMI LAKES, FL 33014**

Mailing Address
**15545 MIAMI LAKEWAY N #101
MIAMI LAKES, FL 33014**

40054360



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-3505356

Applied For

Not Applicable

City Country Zip Country

City

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, IDANIS
15545 MIAMI LAKEWAY N #101
MIAMI LAKES, FL 33014**

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, 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, 2007 Fee will be \$550.00**

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 P ☐ Delete
NAME **RODRIGUEZ, IDANIS**
STREET ADDRESS **15545 MIAMI LAKEWAY N #101**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE V ☐ Delete
NAME **RODRIGUEZ, IRIS**
STREET ADDRESS **15545 MIAMI LAKEWAY N #101**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE ☒ Delete
NAME **RODRIGUEZ, ANTONIO**
STREET ADDRESS **15545 MIAMI LAKEWAY N #101**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I, the undersigned, 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 furnished 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: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Idanis Rodriguez

Date

Daytime Phone #

04/02/07

305-389-7791