

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075890

FILED  
Jan 18, 2009  
Secretary of State

Entity Name: REGENCY CONSULTING SERVICES, INC.

## Current Principal Place of Business:

17050 NORTH BAY RD., STE. #308  
SUNNY ISLES BEACH, FL 33160

## New Principal Place of Business:

## Current Mailing Address:

17050 NORTH BAY RD., STE. #308  
SUNNY ISLES BEACH, FL 33160

## New Mailing Address:

FEI Number: 26-0458743      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHARON, DANIEL  
17050 NORTH BAY RD., STE. #308  
SUNNY ISLES BEACH, FL 33160      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: SHARON, DANIEL  
Address: 17050 NORTH BAY RD., STE. #308  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: D      ( ) Delete  
Name: LAX, JANNA M  
Address: 17050 NORTH BAY RD., STE. #308  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES      (X) Change ( ) Addition  
Name: SHARON, DANIEL  
Address: 17050 NORTH BAY RD., STE. #308  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: DIR      (X) Change ( ) Addition  
Name: LAX, JANNA M  
Address: 17050 NORTH BAY RD., STE. #308  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL SHARON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/18/2009

\_\_\_\_\_  
Date