

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075890

FILED
Jan 06, 2011
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

OFFICERS AND DIRECTORS:

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

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

Title: VP
Name: SHARON, DANIEL
Address: 17050 NORTH BAY ROAD
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: SECT
Name: LAX, JANNA
Address: 17050 NORTH BAY ROAD
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: TREA
Name: SHARON, DANIEL
Address: 17050 NORTH BAY ROAD
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: DIR
Name: SHARON, DANIEL
Address: 17050 NORTH BAY ROAD
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby 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 all other like empowered.

SIGNATURE: DANIEL SHARON

PRES

01/06/2011

Electronic Signature of Signing Officer or Director

Date