2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000039272

1. Entity Name

REGAL BUILDING MANAGEMENT, INC.



FILED Jan 25, 2007 08:00 AM Secretary of State

Principal Place of Business

260 SCARLETT BLVD. OLDSMAR, FL 34677 Mailing Address

260 SCARLETT BLVD. OLDSMAR, FL 34677



DO NOT WRITE IN THIS SPACE

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3084716

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVEROS, GUIDO 260 SCARLETT BLVD. OLDSMAR, FL 34677

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 registored agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000602440
10.	10. OFFICERS AND DIRECTORS				' 01/28/07-80089-024-150.00
TITLE	D		1		
NAME	RIVEROS, GUIDO				
STREET ADDRESS	260 SCARLETT BLVD.				
CITY-ST-ZIP	OLDSMAR, FL 34677				
tπle	010000000000000000000000000000000000000		1		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			i		
NAME					
STREET ADDRESS				D0	NOT WOITE
CLTY-ST-ZIP	•			DO	NOT WRITE
TITLE				INI .	THE CDACE
NAME				IIN	THIS SPACE
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		· · · · · · · · · · · · · · · · · · ·			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
		· · · · · · · · · · · · · · · · · · ·			
IIILE					
NAME [

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.

A4 1116

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07

813)855-1400

Date

Daytime Phone #