

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000056407

FILED
Aug 21, 2009
Secretary of State

Entity Name: REGENCY HOUSE NATURAL HEALTH SPA, INC.

Current Principal Place of Business:

2000 SOUTH OCEAN DRIVE
HALLANDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

2000 SOUTH OCEAN DRIVE
HALLANDALE, FL 33309

New Mailing Address:

FEI Number: 65-0431569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEJNEGA, NICK
2000 SOUTH OCEAN DRIVE
HALLANDALE, FL 33309 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: PD () Delete
Name: DEJNEGA, NICK
Address: 2000 SOUTH OCEAN DR.
City-St-Zip: HALLANDALE, FL 33309

Title: VSD () Delete
Name: STASIW, WALTER
Address: 2000 SOUTH OCEAN DR.
City-St-Zip: HALLANDALE, FL 33309

Title: T () Delete
Name: DEJNEGA, ZORIANNA
Address: 1950 SOUTH OCEAN DR. APT. ON 6L
City-St-Zip: HALLANDALE, FL 33009

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: DEJNEGA, NATALIE
Address: 1950 S OCEAN DR.
City-St-Zip: HALLANDALE, FL 33009 US

Title: D () Change (X) Addition
Name: SABATINO, FRANK
Address: 2000 S OCEAN DR.
City-St-Zip: HALLANDALE, FL 33009 US

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: NICK DEJNEGA

PRES

08/21/2009

Electronic Signature of Signing Officer or Director

Date