


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000057828 1. Entity Name REGINA INC.	
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Principal Place of Business C/O DACAR MANAGEMENT LLC 336 E DANIA BCH BLVD DANIA, FL 33006	Mailing Address C/O DACAR MANAGEMENT LLC 336 E DANIA BCH BLVD DANIA, FL 33006
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04132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0611838	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GARCIA-VELEZ, CARLOS 336 E DANIA BEACH BLVD5 DANIA, FL 33004

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FREEMAN, STEPHEN A. E 520 BRICKELL KEY DR SUITE 0-305 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHA, ALBERTO 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MICHA, MOISES 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHA, DAVID 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/10/06-80001-011 158.75

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____ Date: 4/20/06 Daytime Phone #: 954-922-4805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR