

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90089 007 ***158.75

DOCUMENT # P95000057828

1. Entity Name
REGINA INC.



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**

DO NOT WRITE IN THIS SPACE



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0611838

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-07 954-927-4885