

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000002651

1. Entity Name

REGAL FINANCIAL SERVICES, INC.



Principal Place of Business

4250 INGRAHAM HIGHWAY
COCONUT GROVE, FL 33133-6718

Mailing Address

4250 INGRAHAM HIGHWAY
COCONUT GROVE, FL 33133-6718



01162008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0645420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BLANCO, LIANA M
4250 INGRAHAM HIGHWAY
COCONUT GROVE, FL 33133-6718

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

000000924152

05/16/08-80062-007-150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLANCO, LIANA M
STREET ADDRESS	4250 INGRAHAM HIGHWAY
CITY-ST-ZIP	COCONUT GROVE, FL 331336718
TITLE	S
NAME	BLANCO, EMMA R
STREET ADDRESS	4250 INGRAHAM HIGHWAY
CITY-ST-ZIP	COCONUT GROVE, FL 331336718
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Liana Blanco (LIANA M. BLANCO)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/08

Date

(305) 790-9225

Daytime Phone