


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90034 004 \*\*\*150.00

<b>DOCUMENT # P97000005593</b>					
<b>1. Entity Name</b> REGAL FINE ART, INC.					
<b>Principal Place of Business</b> 2866 PERSHING ST HOLLYWOOD, FL 33020 US			<b>Mailing Address</b> 2866 PERSHING ST HOLLYWOOD, FL 33020 US		
<b>2. Principal Place of Business</b> 420 W 27 ST		<b>3. Mailing Address</b> 420 W 27 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Hialeah FL		<b>City &amp; State</b> Hialeah, FL		<b>4. FEI Number</b> 65-0720487	
<b>Zip</b> 33010		<b>Country</b> MIAMI, DADE		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SKLAWER, J. LEONARD 2866 PERSHING ST HOLLYWOOD, FL 33020			<b>7. Name and Address of New Registered Agent</b> Name <u>J Leonard Sklawer</u> Street Address (P.O. Box Number is Not Acceptable) <u>420 W 27 ST</u> City <u>Hialeah,</u> <b>FL</b> <u>33010</u>		
<b>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.</b> SIGNATURE: <u>[Signature]</u> <span style="float: right;">DATE: <u>4-9-04</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SKLAWER, J. LEONARD 8813 S.W. 132 STREET MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b> SIGNATURE: <u>[Signature]</u> <span style="float: right;">DATE: <u>4-9-04</u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					