

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000031150

1. Entity Name
REGENT ENTERPRISES CORP.



Principal Place of Business
12902 SW 133 CT
SUITE A
MIAMI, FL 33186

Mailing Address
11385-F SW 109 ROAD
MIAMI, FL 33176 US



07112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0743153

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICCARDI, GIOVANNI
11385-F S.W. 109TH ROAD
MIAMI, FL 33176

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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 Giovanni Riccardi 8/26/06
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
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RICCARDI, GIOVANNI
STREET ADDRESS	11385-F S.W. 109TH ROAD
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	RICCARDI, FLORENCE L
STREET ADDRESS	11385-F S.W. 109TH ROAD
CITY-ST-ZIP	MIAMI, FL 33176
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: Giovanni Riccardi 8/26/06 305-793-9696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #