

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000083384

FILED
Apr 06, 2005
Secretary of State

Entity Name: REGAL SOUTH BEACH, INC.

Current Principal Place of Business:

550 11TH ST
SUITE 200
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

550 11TH ST
SUITE 200
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0948929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALE, ANDREW
550 11TH STREET
SUITE 200
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALE, ANDREW
Address: 3134 WESTMINSTER DR
City-St-Zip: BOCA RATON, FL 33496

Title: SVD () Delete
Name: WEINTRAUB, ABRAHAM
Address: 21216 HARBOR WAY #151
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GALE, ANDREW
Address: 550 11TH STREET SUITE 200
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW GALE

PD

04/06/2005

Electronic Signature of Signing Officer or Director

_____ Date