

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # V06197

1. Entity Name  
REGULUS ENTERPRISES INCORPORATED



Principal Place of Business

999 BRICKELL AVE  
SUITE 705  
MIAMI, FL 33131

Mailing Address

999 BRICKELL AVE  
SUITE 705  
MIAMI, FL 33131



03082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

52-1765025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ-CID, RICARDO  
1699 CORAL WAY  
SUITE 510  
MIAMI, FL 33145

**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 re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SUCRE, CARLOS  
STREET ADDRESS 825 S. BAYSHORE DR.#951  
CITY-ST-ZIP MIAMI, FL

TITLE S  
NAME ARIAS, ERNESTO  
STREET ADDRESS 825 S. BAYSHORE DR.#951  
CITY-ST-ZIP MIAMI, FL

TITLE T  
NAME REYES, LUIS C  
STREET ADDRESS 825 BAYSHORE DR. #951  
CITY-ST-ZIP MIAMI, FL

TITLE AS  
NAME PUBLIO, MUNOZ  
STREET ADDRESS 825 S BAYSHORE DR.#951  
CITY-ST-ZIP MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000264250  
03/16/05-80006-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 #

3/14/05 (305) 373-6926