

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90244 044 ***150.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 52-1765025				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARTINEZ-CID, RICARDO 1699 CORAL WAY SUITE 510 MIAMI, FL 33145			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUCRE, CARLOS		NAME		
STREET ADDRESS	825 S. BAYSHORE DR.#951		STREET ADDRESS	999 Brickell Ave, Suite 705	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami FL 33131	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARIAS, ERNESTO		NAME		
STREET ADDRESS	825 S. BAYSHORE DR.#951		STREET ADDRESS	999 Brickell Ave, Suite 705	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami FL 33131	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REYES, LUIS C		NAME		
STREET ADDRESS	825 BAYSHORE DR. #951		STREET ADDRESS	999 Brickell Ave, Suite 705	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami FL 33131	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUBLIO, MUNOZ		NAME		
STREET ADDRESS	825 S BAYSHORE DR.#951		STREET ADDRESS	999 Brickell Ave, Suite 705	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami FL 33131	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			3/22/06 (305) 373-6926		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		