

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # V06197 1. Entity Name REGULUS ENTERPRISES INCORPORATED	
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Principal Place of Business 999 BRICKELL AVE SUITE 705 MIAMI, FL 33131	Mailing Address 999 BRICKELL AVE SUITE 705 MIAMI, FL 33131
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02202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1765025	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARTINEZ-CID, RICARDO 1699 CORAL WAY SUITE 510 MIAMI, FL 33145
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**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

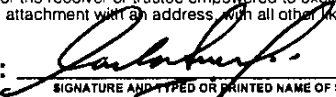
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**000000670910
03/28/07-80007-020 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUCRE, CARLOS 999 BRICKELL AVE. STE 705 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARIAS, ERNESTO 999 BRICKELL AVE ST. 705 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REYES, LUIS C 999 BRICKELL AVE. STE 705 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PUBLIO, MUNOZ 999 BRICKELL AVE. STE 705 MIAMI, FL 33131
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:  **Carlos Sucre**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/2007 (305) 3736926
Date Daytime Phone #