

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90172 048 ***150.00

DOCUMENT # V16251	
1. Entity Name 602 VILLA REGINA, INC.	

Principal Place of Business ONE N. CLEMATIS STREET WEST PALM BEACH FL 33401 US	Mailing Address PO BOX 4297 WEST PALM BEACH FL 33402 US
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2. Principal Place of Business SIS N. Flagler Drive	3. Mailing Address
Suite, Apt. #, etc. Suite 300P	Suite, Apt. #, etc.
City & State West Palm Beach, FL	City & State
Zip 33401	Country US

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0392972		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 CHOPIN, FRANK L ONE N. CLEMATIS STREET WEST PALM BEACH FL 33401		
7. Name and Address of New Registered Agent		
Name L. Frank Chopin		
Street Address (P.O. Box Number is Not Acceptable) SIS N. Flagler Drive		
Suite Suite 300P		
City West Palm Beach		FL Zip Code 33401

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CHOPIN, FRANK L ONE N. CLEMATIS STREET WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIS N. Flagler Drive, Suite 300P West Palm Beach, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **4/28/06** **561-655 9500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #