2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V16251

602 VILLA REGINA, INC.

1. Entity Name

FILED Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90174 043 ***150.00

					ES.						
Principal Place of Business 223 SUNSET AVENUE SUITE 230 PALM BEACH, FL 33480 PALM BEACH, FL 33480 WEST PALM BEACH, FL 33480				02 US		60032982					
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address 940 5. DADELAND BLVD. Suite. Apt. #. etc.		<i>v</i> o							
#60/ City & State		#60/ City & State MAM! FLORIDA			04232008 4. FEI Numbe 65-0392				oplied For		
Zip 33/5	Country USA	Zip 33 N5 C	Coun			5. Certificate	of Status Desire		\$8.75 Add Fee Require	ditional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
CHOPIN, FRANK L				ROBERT TARABOULOS							
223 SUNSET AVENUE				Street Address (P.O. Box Number is Not Acceptable)							
SUITE 230 PALM BEACH, FL 33480				<u> </u>					4.		
FALIVIDEA	(Ori, r.c. 33400			City	<u>o S.</u>	DADELA	NA BUU	<u>/b , 47</u>	F601		
	named entity submits this statement			n	NAMI	, FL		t	FL Zip Cod	<u>56</u>	
	Signature, typed or printed name of registered age E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Camp	oaign Finar	• •	\$5.0	May Be I to Fees		4/23	A CONTRACTOR		
10.	OFFICERS AN	D DIRECTORS	11.	1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1					S IN 11		
TITLE NAME STREET ADDRESS City-ST-ZIP	PSD CHOPIN, FRANK L 223 SUNSET AVENUE, SUITE PALM BEACH, FL 33480	☑ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		_	9400	_	Boulos LMNB BL - 3315		☐ Change	M Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-21P		□ Delete							☐ Change	☐ Addition	
TITLE		Delete	TITL						☐ Change	Addition	

12. It 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/23/08 Date

305-670-3370

Change

☐ Addition

Daytime Phone #