

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000062847

Entity Name: REGIONAL INVESTIGATORS INC.**Current Principal Place of Business:**2013 CROSSVINE LANE
CASSELBERRY, FL 32707**Current Mailing Address:**P.O. BOX. 181241
CASSELBERRY, FL 32718**FEI Number:** 27-0611978**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KADER, KAMAL C.E.O
2013 CROSSVINE LANE
CASSELBERRY, FL 32707 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	REGIONAL INVESTIGATORS
Address	2013 CROSSVINE LANE
City-State-Zip:	CASSELBERRY FL 32707

Title	P
Name	KADER CORRECTIONAL CONSULTING FIRM
Address	P.O. BOX 181241
City-State-Zip:	CASSELBERRY FL 32718

Title	P
Name	KAMAL KADER
Address	2013 CROSSVINE LANE
City-State-Zip:	CASSELBERRY FL 32707

Title	PRESIDENT AND TREASURER
Name	KADER, PRISKA L
Address	2013 CROSSVINE LANE
City-State-Zip:	CASSELBERRY FL 32707

Title	CASSELBERRY CRASH PADS
Name	CASSELBERRY CRASH PADS
Address	2013 CROSSVINE LANE
City-State-Zip:	CASSELBERRY FL 32707

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAMAL KADER**OWNER****03/29/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date