
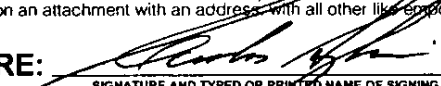


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90212 019 \*\*\*150.00

<b>DOCUMENT # 491141</b>			
1. Entity Name CARLOS J. IGLESIAS, INC.			
Principal Place of Business <del>4910 SW 25TH PLACE</del> CAPE CORAL, FL 33914 US		Mailing Address <del>4910 SW 25TH PLACE</del> CAPE CORAL, FL 33914 US	
2. Principal Place of Business - No P.O. Box # 15380 SW. 14th Lane		3. Mailing Address 15380 SW. 14th Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33194	Country US	Zip 33194	Country US
4. FEI Number 59-1661212		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 IGLESIAS, CARLOS J 4910 SW 25TH PLACE -> CAPE CORAL, FL 33914 ->		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15380 SW. 14th Lane City Miami FL Zip Code 33194	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY - ST - ZIP	PD IGLESIAS, CARLOS J. <input type="checkbox"/> Delete <del>4910 SW 25TH PLACE -&gt;</del> <del>CAPE CORAL, FL 33914 -&gt;</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 15380 SW. 14th Lane Miami, FL 33194
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IGLESIAS, ELISA M. <input type="checkbox"/> Delete <del>4910 SW 25TH PLACE -&gt;</del> <del>CAPE CORAL, FL 33914 -&gt;</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 15380 SW. 14th Lane Miami, FL 33194
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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
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
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
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 lists empowered.			
SIGNATURE: 		CARLOS J. IGLESIAS 4/20/07 (305) 485-8876	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	