

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90034 025 ***150.00

DOCUMENT # P00000112587

1. Entity Name

TRIANGLE INVESTMENTS, INC.



Principal Place of Business

6355 N.W. 36TH ST
SUITE 506
MIAMI FL 33166

Mailing Address

6355 N.W. 36TH ST
SUITE 506
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1081199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

XIQUES, ALBERT J ESQ.
1000 BRICKELL AVENUE
SUITE 660
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME IGLESIAS, CARLOS A
STREET ADDRESS 6355 N.W. 36TH ST STE., 506
CITY-ST-ZIP VIRGINIA GARDENS FL 33166

TITLE VD ☐ Delete

NAME OBREGON, CARLOS
STREET ADDRESS 6355 N.W. 36TH ST STE., 506
CITY-ST-ZIP VIRGINIA GARDENS FL 33166

TITLE TD ☐ Delete

NAME VILLORIA, ALEJANDRO
STREET ADDRESS 6355 N.W. 36TH ST STE., 506
CITY-ST-ZIP VIRGINIA GARDENS FL 33166

TITLE SD ☐ Delete

NAME GONZALEZ, FELIPE J
STREET ADDRESS 6355 N.W. 36TH ST STE., 506
CITY-ST-ZIP VIRGINIA GARDENS FL 33166

TITLE ASD ☒ Delete

NAME XIQUES, ALBERTO J
STREET ADDRESS 1000 BRICKELL AVE STE., 660
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Obregon*

CARLOS OBREGON

02-17-04

(305) 871 1157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #