

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90068 050 ***150.00

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1. Entity Name

ISLES OF GREEN INVESTMENTS, INC.



Principal Place of Business

**6355 NW 36TH ST., SUITE 506
VIRGINIA GARDENS FL 33166**

Mailing Address

**6355 NW 36TH ST., SUITE 506
VIRGINIA GARDENS 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

35-2186767

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
101 MADEIRA AVE.
CORAL GABLES FL 33134**

Name

CARLOS OBREGON

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

6355 N.W. 36th ST. STE. # 506

City

VIRGINIA GARDENS

FL

Zip Code

33166

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)

FEB. 23, 2005

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 NW 36TH ST. STE. #506	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	
TITLE	VD	☐ Delete
NAME	OBREGON, CARLOS E	
STREET ADDRESS	6355 NW 36TH ST. STE. #506	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	
TITLE	TD	☐ Delete
NAME	VILLORIA, ALEJANDRO	
STREET ADDRESS	6355 NW 36TH ST. STE. #506	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	
TITLE	SD	☐ Delete
NAME	GONZALEZ, FELIPE J	
STREET ADDRESS	6355 NW 36TH ST. STE. #506	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 23, 2005

Date

(305) 871 1157

Daytime Phone #