

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90171 025 \*\*\*150.00

DOCUMENT # P02000015224

1. Entity Name  
ISLES OF GREEN INVESTMENTS, INC!



**DO NOT WRITE IN THIS SPACE**

**90032275**

2. Principal Place of Business 6355 NW 36th ST. Suite, Apt. #, etc. 506 City & State VIRGINIA GARDEN, FL.		3. Mailing Address 6355 NW 36th ST. Suite, Apt. #, etc. 506 City & State VIRGINIA GARDEN, FL.	
Zip 33166	Country	Zip 33166	Country

4. FEI Number 35 2186767	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	ALBERTO J. XIQUES, ESQ.
Street Address (P.O. Box Number is Not Acceptable)	101 MADEIRA AVE.
City	CORAL GABLES   FL   Zip Code 33134

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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	PD IGLESIAS, CARLOS A 6355 NW 36th ST. STE. # 506 VIRGINIA GARDEN, FL. 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD OBREGON CARLOS E 6355 N.W. 36th ST. STE # 506 VIRGINIA GARDEN, FL. 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD VILLORIA, ALEJANDRO 6355 NW 36th ST. STE. # 506 VIRGINIA GARDEN, FL. 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GONZALEZ, FELIPE J. 6355 N.W.36th ST. STE. #506 VIRGINIA GARDEN, FL. 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos E. Obregon CARLOS E. OBREGON 2/13/03 (305) 871-1157  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)