2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099849

Entity Name: TWO GREEN STARS INVESTMENTS INC

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
13899 BISCAYNE BOULEVARD SUITE 223 NORTH MIAMI BEACH, FL 33181				4141 NE 2ND AV SUITE 200-B MIAMI, FL 33137			
Current Mailing Address:				New Mailing Address:			
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13899 BISCAYNE BOULEVARD SUITE 223 NORTH MIAMI BEACH, FL 33181				4141 NE 2 SUITE 200 MIAMI, FL	-B		
FEI Number	: 38-3689147	FEI Number Applied For ()	FEI Nur	nber Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
APT. 121 ORLANDO The above	CREEK ST. O, FL 32835 Use named entity as of Florida.		purpose c	of changing i	ts registered	I office or registered agent, or both,	
SIGNATU	RE:						
	Electror	nic Signature of Registered A	gent			Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	PAPARONI, AL	EK ST., APT. 121		Title: Name: Address: City-St-Zip:	,	()Change ()Addition	
Title: Name: Address: City-St-Zip:	GARCIA, JOSE	EK ST., APT. 121		Title: Name: Address: City-St-Zip:	,	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PAPARONI, MI 13899 BISCAY	Delete LENA NE BOULEVARD, SUITE 223 BEACH, FL 33181 US		Title: Name: Address: City-St-Zip:	PAPARONI, I PO BOX 612		
Title: Name: Address: City-St-Zip:	FILARDO, MILI 13899 BISCAY	Delete ENA NE BOULEVARD, SUITE 223 BEACH, FL 33181 US		Title: Name: Address: City-St-Zip:	FILARDO, MI PO BOX 612		
Title: Name: Address:	GARCIA, LILIAI) Delete NA NE BOUI EVARD, SUITE 223		Title: Name: Address:	GARCIA, LIL	(X) Change()Addition IANA REFK ST APT 121	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

City-St-Zip: ORLANDO, FL 32835 US

SIGNATURE: ALBERTO PAPARONI D 04/28/2005

City-St-Zip: NORTH MIAMI BEACH, FL 33181 US