

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000160075

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: QUADRANGLE GABLES INVESTMENTS, INC.

## Current Principal Place of Business:

6355 N.W. 36TH STREET  
SUITE 506  
MIAMI, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

6355 N.W. 36TH STREET  
SUITE 506  
MIAMI, FL 33166

## New Mailing Address:

FEI Number: 20-3908542      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KLEIN, BRENT D  
701 BRICKELL AVENUE  
SUITE 1900  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: OBREGON, CARLOS  
Address: 6355 NW 36 ST, STE. 506  
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: VDS ( ) Delete  
Name: GONZALEZ, FELIPE J  
Address: 6355 NW 36 ST, STE. 506  
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: DT ( ) Delete  
Name: VILLORIA, ALEJANDRO  
Address: 6355 NW 36 ST, STE. 506  
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: D ( ) Delete  
Name: GONZALEZ, FELIPE J  
Address: 6355 N.W. 36TH STREET SUITE 506  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: OBREGON, CARLOS E  
Address: 6355 NW 36 ST, STE. 506  
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: CARLOS E. OBREGON

PD

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date