


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000002022

1. Entity Name
 75 W. COMMERCE CENTER CONDOMINIUM ASSOCIATION, IV, INC.



Principal Place of Business 2635 W 81 STREET HIALEAH, FL 33016	Mailing Address 2635 W 81 STREET HIALEAH, FL 33016
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01152004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1095802	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFSON, DAVID A
 15321S DIXIE HWY STE 209
 MIAMI, FL 33157

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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)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U000000089262
 03/15/04-80084-024 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA SIERRA, WILLIAM 2635 W 81 STREET HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, DAVID 2635 W 81 STREET HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VERGUIZAS, ILLEANA 2635 W 81 STREET HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 617, 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: _____ **Date:** _____ **Daytime Phone #:** 305-837-2414
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR