


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90019 024 ***158.75

DOCUMENT # P00000046782

1. Entity Name
SHORTY'S IV, INC.



Principal Place of Business Mailing Address

9150 SW 87TH AVE., SUITE 205 **9150 SW 87TH AVE., SUITE 205**
MIAMI, FL 33176 **MIAMI, FL 33176**

44018077



2. Principal Place of Business 3. Mailing Address

2250 NW 87th AVENUE Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132004 Chg-P CR2E034 (10/03)

City & State City & State

MIAMI FL City & State

Zip Country Zip Country

33172 Country Zip Country

4. FEI Number Applied For

65-1016182 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GREENFIELD, ALAN E ESQ.
2600 DOUGLAS RD., SUITE 911-
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

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

15105 NW 77 AVENUE
SUITE 303

City State Zip Code

MIAMI LAKES FL 33014

8. The above named entity submits this statement for the purpose of declaring its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

ENTERED

SIGNATURE: _____ DATE: **3/12/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VASTURO, MARK	
STREET ADDRESS	9150 SW 87 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JABLONSKI, GARY	
STREET ADDRESS	9150 SW 87 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KEARNS, MATTHEW	
STREET ADDRESS	9150 SW 87 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WALLINS, SANFORD	
STREET ADDRESS	9150 SW 87 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GHEEM, KENNETH V	
STREET ADDRESS	9150 SW 87 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	ST	<input type="checkbox"/> Delete
NAME	IGLESIAS, ARTURO	
STREET ADDRESS	8150 SW 87 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33176	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN GHEEM, KENNETH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ DATE: **3/11/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #