2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000046782

Entity Name: SHORTY'S IV, INC.

FILED Feb 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2250 NW 87TH AVE MIAMI, FL 33172 **Current Mailing Address: New Mailing Address:** 9150 SW 87TH AVE., SUITE 205 MIAMI, FL 33176 FEI Number: 65-1016182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GREENFIELD, ALAN E ESQ. 3766 N.E. 209 TERRACE AVENTURA, FL 33180 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition VASTURO, MARK Name: Name: 9150 SW 87 AVE., SUITE 205 Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: JABLONSKI, GARY Name: 9150 SW 87 AVE., SUITE 205 Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: Title: VΡ (X) Delete () Change () Addition KEARNS, MATTHEW Name: Name: 9150 SW 87 AVE., SUITE 205 Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: () Delete Title: () Change () Addition VAN GHEEM, KENNETH Name: Name: Address: 9150 SW 87 AVE., SUITE 205 Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: Title: () Delete () Change () Addition IGLESIAS, ARTURO Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ARTIE IGLESIAS ST 02/19/2009

9150 SW 87 AVE..SUITE 205

MIAMI, FL 33176

Address: City-St-Zip: