2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004
Secretary of State

DOCUMENT# J04605

Entity Name: SUPERIOR ASSETS IV, INC.

Current Principal Place of Business:

100 WEST LUCERNE CIRCLE
402
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

100 WEST LUCERNE CIRCLE
402
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-2650393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, MARILUZ B
100 WEST LUCERNE CIRCLE
402
ORLANDO, FL 32801

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: PST ( ) Delete
Name: SOTO, MARILUZ
Address: 100 WEST LUCERNE CIRCLE #402
City-St-Zip: ORLANDO, FL 32801

Title: SV ( ) Delete
Name: HAMILTON, FINLEY M
Address: 100 WEST LUCERNE CIRCLE #402
City-St-Zip: ORLANDO, FL 32801

Title: CEO ( ) Delete
Name: IVANOVICH, KELLEY
Address: 100 WEST LUCERNE CIRCLE #402
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: LOPEZ, MARILUZ
Address: 100 WEST LUCERNE CIRCLE #402
City-St-Zip: ORLANDO, FL 32801

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

Title: CEO (X) Change ( ) Addition
Name: IVANCOVICH, KELLEY
Address: 100 WEST LUCERNE CIRCLE #402
City-St-Zip: ORLANDO, FL 32801

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.

SIGNATURE: MARILUZ LOPEZ PST 01/21/2004

Electronic Signature of Signing Officer or Director — Date