

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

DOCUMENT # K28244

1. Entity Name
CREATIVE CHOICE IV LIMITED, INC.



2006 MAR 30 AM 10:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**C/OCREATIVECHOICEHOMES
4243-DNORTHLAKEBLVD.
PALMBEACHGARDENS,FL33410JS**

Mailing Address
**C/OCREATIVECHOICEHOMES
4243-DNORTHLAKEBLVD.
PALMBEACHGARDENS,FL33410JS**

BK



03022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0068239

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAROT, DILIP
4242 NORTHLAKE BLVD.
SUITE D
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
BAROT, DILIP S
4243 NORTHLAKE BLVD., STE. D
PALM BEACH GARDENS, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
WEIR, JOHN F
4243 NORTHLAKE BLVD., STE. D
PALM BEACH GARDENS, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BAROT, DILIP
4243-D NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KAKKAR, YASHPAL
4243-D NORTHLAKE BLVD., STE. D
PALM BEACH GARDENS, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**700069959417
04/10/06--01061--014 **158.75**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Yash Pal Kakkar, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/09/06

Date

(561) 627-7988

Daytime Phone #