


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K43714 1. Entity Name V.F. LONGBOAT KEY IV, INC.						FILED 04 FEB 16 PM 4:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business BROAD & CASSEL 7777 GLADES ROAD #300 BOCA RATON, FL 33434 US				Mailing Address BROAD & CASSEL 7777 GLADES ROAD #300 BOCA RATON, FL 33434 US			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0128273				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DEUTCH, JEFFREY BROAD & CASSEL 7777 GLADES ROAD #300 BOCA RATON, FL 33434				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POMERANTZ, ALICE 8600 DECARIE BLVD, SUITE 200 TOWN OF MOUNT ROYAL, QC	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400028961044 02/18/04--01005--001 **5000.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD GATTINGER, FRANKLIN J. 8600 DECARIE BLVD, SUITE 200 TOWN OF MOUNT ROYAL, QC	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV GATTINGER, FRANKLIN J. 8600 DECARIE BLVD, SUITE 200 MOUNT ROYAL, QC, CANADA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD ESPOSITO, RAPHAEL JR 8600 DECARIE #200 MT ROYAL, QC, CANADA,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ESPOSITO, RAPHAEL Jr 8600 DECARIE BLVD, SUITE 200 MOUNT ROYAL, QC, CANADA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD POMERANTZ, TERRY 8600 DECARIE #200 MT ROYAL, QC, CANADA,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOSD POMERANTZ, TERRY 8600 DECARIE BLVD, SUITE 200 MOUNT ROYAL, QC, CANADA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POMERANTZ, TERRY 8600 DECARIE #200 MT ROYAL, QC, CANADA,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____				R. Esposito 04.01.29 574-341-8600			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			