

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012306

FILED
Mar 23, 2007
Secretary of State

Entity Name: KING IV CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13315 N.E. 6TH AVE.
APT #1/OFFICE
NORTH MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

13315 N.E. 6TH AVE. APT #1/OFFICE
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 75-3211833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEINBERG, JEFFREY ESQ.
4000 HOLLYWOOD BLVD. SUITE 350
HOLLYWOOD, FL 33021 US

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CHELMINSKY, STEVE
Address: 13315 N.E. 6TH AVE. APT #1/OFFICE
City-St-Zip: NORTH MIAMI, FL 33161

Title: DVP () Delete
Name: CHELMINSKY, ALLEN
Address: 3988 194 LANE
City-St-Zip: SUNNY ISLES, FL 33160

Title: DS () Delete
Name: COHEN, KOBI
Address: 19390 COLLINS AVE APT#721A
City-St-Zip: SUNNY ISLES, FL 33160

Title: T () Delete
Name: COHEN, ELI
Address: 9273 COLLINS AVE. APT. #105
City-St-Zip: SURFSIDE, FL 33159

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE CHELMINSKY

DP

03/23/2007

Electronic Signature of Signing Officer or Director

Date