


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90077 016 ***150.00

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|--|---|---------------------------|---|---|--|
| DOCUMENT # P00000021994 | | | |  | |
| 1. Entity Name ESU IV, INC. | | | | | |
| Principal Place of Business 2764 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306 | | | Mailing Address ALDER & BLANCHARD LLP 27 CAMBRIDGE ST FORT LAUDERDALE, FL 33306 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-1027827 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| UDELL, ELAINE 2764 E. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE D | NAME UDELL, ELAINE | | TITLE Director | NAME Andrew Settler | |
| STREET ADDRESS 2764 E. OAKLAND PARK BLVD. | CITY-ST-ZIP FORT LAUDERDALE, FL 33306 | | STREET ADDRESS 2764 E. Oakland Park Blvd. | CITY-ST-ZIP Fort Lauderdale, FL 33306 | |
| TITLE NAME | STREET ADDRESS CITY-ST-ZIP | | TITLE NAME | STREET ADDRESS CITY-ST-ZIP | |
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| 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: <i>X Elaine Udell</i> | | | 1-26-04 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | |
| | | | Daytime Phone # | | |

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01222004 Chg-P CR2E034 (10/03)