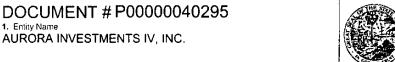
## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**



FILED
May 01, 2008 8:00 am
Secretary of State
05-01-2008 90231 021 \*\*\*150.00

1. Entity Nam	INVESTMENTS IV, INC.	293				03 01 20	00 30231	,21 13	0.00
Principal Place of Business Mailing Address									
1818 S HUSTRAMAN AVE #410 WEST PALM BEACH, FL 33409		1818 S AUSTRALIAN AVE #410 West Palm Beach, FL 33409							
2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Stop Follows Hill BLVD Stop Follows 1				22.40					
Suite, Apt. #, etc. SV176 203		Suite, Apt. #, etc. SUITE 202		LVD	01292008	Chg-P	CR2E(	34 (12/06)	
City & State	JPACM BEACH FL	City & State WEST PITCH		FL	4. FEI Numt 65-114			No	oplied For ot Applicable
3340C	6. Name and Address of Current F	B3406	Country			e of Status Desire		\$8.75 Add	
	8. Name and Address of Current i	Name	·	7. Mame zn	d Address of No	w Registered	Agent		
MEROLA, JAMES R 11380 PROEPERITY FARMS RD SUITE 204				Street Address (P.O. Box Number is Not Acceptable)					
PALM BEACH GARDENS, FL 33410			City				FL	Zip Cod	е
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office o	r register	red agent, or b	oth, in the State o		familiar with.	and accept
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	E. Registered Agant signa	lure required	when reinstating)		DATE		<del></del>
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campa Trust Fund Cont			.00 May Be ed to Fees	- Table		, ;	-
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	S/CHANGES TO	OFFICERS ANI	DIRECTOR	S IN 11/
TITLE NAME STREET ADDRESS	PD Delete IIII NAM 3500 GALT OCEAN DR, APT #1517			TADDRESS 1860 FOREST HILL BLUD SOME 202					Addition
CITY-ST-ZIP	FT LAUDERDALE, FL 33308		CITY-ST-ZIP	MRS	T PALM	Buteth Fr	33409		
NAME STREET ADDRESS		☐ Delete	TETLE NAME STREET ADDRESS					☐ Change	Addition
TITLE MAME		☐ Delete	CITY-ST-ZIP TITLE MAME					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY: ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP			•		☐ Change	Addition
HITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP-			STREET ADDRESS CITY-ST-ZIP		-				- <b></b>
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that r wered to exact te this report	my signature shall I as required by Ch	have the :	same legal effe	ect as if made un	der oath; that I	am an officer	or director

MINISTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: SIGNATURE AND TYPED OR