


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000003776											
<small>1. Entity Name</small> PB IV, INC.											
<small>Principal Place of Business</small> P.O. BOX 562647 MIAMI, FL 33256-2647		<small>Mailing Address</small> P.O. BOX 562647 MIAMI, FL 33256-2647									
DO NOT WRITE IN THIS SPACE		 01182007 No Chg-P CR2E034 (11/05)									
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;"><small>4. FEI Number</small> 65-1067599</td><td style="width: 20%;"><small>Applied For</small> Not Applicable</td></tr><tr><td colspan="2" style="padding: 5px;"><small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		<small>4. FEI Number</small> 65-1067599	<small>Applied For</small> Not Applicable	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required					
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<small>6. Name and Address of Current Registered Agent</small> LEVINE, STEVEN G 2824 VALENCIA WAY FT MYERS, FL 33901		DO NOT WRITE IN THIS SPACE									
<small>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.</small>											
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 70%;"><small>SIGNATURE</small> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small></td><td style="width: 30%;"><small>DATE</small></td></tr></table>				<small>SIGNATURE</small> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>						
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;"><small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/></td><td style="width: 40%;">\$5.00 May Be Added to Fees</td></tr></table>		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/>	\$5.00 May Be Added to Fees						
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<small>10. OFFICERS AND DIRECTORS</small>		<div style="margin-bottom: 20px;">U00000603118 02/01/07-80038-007 150.00</div> DO NOT WRITE IN THIS SPACE									
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<small>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 807, 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.</small>											
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