2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051812

Entity Name: ASSURANCE ASSOCIATES OF MIAMI IV, INC.

FILED Apr 25, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2847 N.W. 7TH ST. 9591 FONTAINBLEAU BLVD MIAMI, FL 33125

107

MIAMI, FL 33174

Current Mailing Address: New Mailing Address:

9591 FONTAINBLEAU BLVD 2847 N.W. 7TH ST.

MIAMI, FL 33125

MIAMI, FL 33174

FEI Number: 65-1111625 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERNANDEZ, LUIS 5201 SW 141 AVENUE HOLLYWOOD, FL 33027 US

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:

Title:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

GARCIA, SALVADOR A GARCIA, SALVADOR A Name: Name:

2847 N.W. 7TH ST. 9591 GONTAINBLEU BLVD #107 Address: Address:

City-St-Zip: MIAMI, FL 33125 City-St-Zip: MIAMI, FL 33174

Title: VPT Title: VPT (X) Change () Addition () Delete

Name: GARCIA. BERNARDO Name: GARCIA, BERNARDO 2847 NW 7 STREET Address: 9591 FONTAINBLU BLVD #107 Address:

MIAMI, FL 33125 MIAMI, FL 33172 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition

CARMEN, ANA DEL Name: CARMEN, ANA DEL Name:

2847 NW 7 STREET 9591 FONTAINBLEU BLVD #107 Address: Address:

City-St-Zip: MIAMI, FL 33125 City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVADOR GARCIA PR 04/25/2007