

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051812

FILED
Jun 17, 2009
Secretary of State

Entity Name: ASSURANCE ASSOCIATES OF MIAMI IV, INC.

Current Principal Place of Business:

890 SW 87 AVE
16
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

890 SW 87 AVE
16
MIAMI, FL 33174

New Mailing Address:

FEI Number: 65-1111625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, LUIS
5201 SW 141 AVENUE
HOLLYWOOD, FL 33027 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARCIA, SALVADOR A
Address: 15831 NW 11 ST
City-St-Zip: PEMPROKE PINES, FL 33028

Title: VPT () Delete
Name: GARCIA, BERNARDO
Address: 445 NW 116 CT
City-St-Zip: MIAMI, FL 33172

Title: S () Delete
Name: CARMEN, ANA DEL
Address: 9310 FONTAINBLEU BLVD # A-10
City-St-Zip: MIAMI, FL 33172

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:

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

PD

06/17/2009

Electronic Signature of Signing Officer or Director

Date