

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90031 016 ***150.00

DOCUMENT # P02000082133

1. Entity Name
THE PLAZA IV, INC.



Principal Place of Business
**1301 N.E. MIAMI GARDENS DR.
APT. PH-5W
N MIAMI BEACH, FL 33179**

Mailing Address
**1301 N.E. MIAMI GARDENS DR.
APT. PH-5W
N MIAMI BEACH, FL 33179**

94026235



2. Principal Place of Business
**1005 NE 203rd TER
Suite, Apt. #, etc.**

3. Mailing Address
**1005 NE 203rd TER
Suite, Apt. #, etc.**

03042004 Chg-P CR2E034 (10/03)

City & State
NORTH MIAMI BEACH FL
Zip
33179
Country
USA

City & State
NORTH MIAMI BEACH FL
Zip
33179
Country
USA

4. FEI Number
48-1270014
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVALOS, BYRON
1301 N.E. MIAMI GARDENS DR.
APT. PH-5W
N MIAMI BEACH, FL 33179**

7. Name and Address of New Registered Agent

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 *Byron Davalos* **Byron Davalos** **3/4/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVALOS, BYRON	
STREET ADDRESS	1301 N.E. MIAMI GARDENS DR. APT. PH-5W	
CITY-ST-ZIP	N MIAMI BEACH, FL 33179	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVALOS, RODNEY	
STREET ADDRESS	11360 SOUTH POINT DR.	
CITY-ST-ZIP	COOPER CITY, FL 33026	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVALOS, CECILIA	
STREET ADDRESS	1301 N.E. MIAMI GARDENS DR. APT. PH-5W	
CITY-ST-ZIP	N MIAMI BEACH, FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Byron Davalos* **3/4/04 305 975 2972**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #