2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 8:00 am Secretary of State

DOCUMENT # P02000082133 1. Entity Name THE PLAZA IV, INC.					04-11-2005 90167 043 ***150.00				
Principal Plac	o of Rusinson	Mailing Address							
Principal Place of Business 1005 NE 203RD TER		1005 NE 203RD TER		, 2	. =				
NORTH MIAN	FL 3317	79							
2. Principal P	lace of Business	3. Mailing Address							
		Suite, Apt. #, etc.					EIIN IINI NEIIJ NEIIJ CAI	iti duidt (2119 giaet fipuu iiii	79 IIII 721 II IBBI
Suite, Apt. #, etc.		Stille, Apr. #, etc.				03152005	Chg-P	CR2E034 (10/0	13)
City & State		City & State				4. FEI Number 48-1270	014		Applied For Not Applicable
Zip	Country Zip Cou		Coun	try			Status Desired	□ \$8.75 Fee Requ	Additional
	6. Name and Address of Current	t Registered Agent				- 7. Name and A	ddress of New F	Registered Agent -	
		Name	Name DAVALOS BURDA)						
DAVALOS, BYRON 1301 N.E. MIAMI GARDENS DR.				Street Address (P.O. Box Number is Not Acceptable)					
APT. PH-500 N MIAMI BEACH, PL 33179				1005 N.E. 203th TERR					
William SE GOLL COLOR				City worth MIAMI BESCH FL Zip Code 179					
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 Signature, typed or printed name of registered agent and little if apphicable. (NOTE: Registeded Agent signature required when reinstating) DATE									
And the second of the second o									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.									
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFF	FICERS AND DIRECT	
TITLE	PD DATE OF DATE OF	☐ Delete	TITLE		PD	Alos, B	1000	Chan	ge 🗌 Addition
NAME STREET ADDRESS				E Et address	DAV	5, N.E.	2034 7	ERR	
CITY-ST-ZIP				-SI-ZIP NORTH MIAMI BEACH Fl. 33179				179	
TITLE	VD.	☐ Delete	TITLE	:	VD	/ 1		Chang	
NAME	DAVALOS RODNEY		NAM			1Alos, Re	power	700	
STREET ADDRESS CITY-ST-ZIP	11360 SOUTH POINHT DR. COOPER CITY, FL 33026	_ ,		ET ADDRESS -St-zip	100	5 N.E.		TERR Fl. 331	76
TITLE	SD	☐ Delete	TITLE		< A	Th MUSK	-	Chang	
NAME -	DAVALOS CECILIA	LI Delete	NAMI		DAV	Alos, C	ECILIA.		
STREET ADDRESS	1301 N.E. MIAMLCARDENS DE	R. APT. PH-5W		ET ADDRESS	100	5 N.E.	203 2	TERK	
CITY-ST-ZIP	N MIAMHBEACH, FL 33179		_	-ST-ZIP	NO	5 N.E. RTH MIA	MI BEA		<u> 33/79</u>
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CITY-ST-ZIP				-\$T-ZIP					
TITLE		☐ Delete	TITLE			 :-		☐ Chan	ge 🗌 Addition
NAME			NAMI	- 1					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -St-21P				•	
TITLE		☐ Delete	TITLE	<u> </u>				☐ Chan	ge 🔲 Addition
NAME			NAM	E		•			
STREET ADDRESS				ET ADDRESS					
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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.