2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State

DOCUMENT # P02000082133 1. Entity Name THE PLAZA IV, INC.						03-20-2006	90009 036	5 ***150	0.00
Principal Place	e of Business	Mailing Address			7				
1005 NE 203RD TER NORTH MIAMI BEACH, FL 33179 1005 NE 203RD TER NORTH MIAMI BEACH, FL 33179					12112 11211 22 111 22111 22111	fil 88(8) 18118 g P \$	· ••••• • • • • • • • • • • • • • • • •	1981 IN 1884	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #. etc.		Suite, Apt. #, etc.		03142006	Chg-P	CR2E034	4 (11/05)		
City & State		City & State		4. FEI Numbe 48-1270				plied For t Applicable	
Zip	Country	Country Zip Cou		try	5. Certificate	of Status Desired		8.75 Add se Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Ag	jent	
DAVALOS	DVDON			Name					
DAVALOS, BYRON 1005 NE 203RD TERR N MIAMI BEACH, FL 33179				Street Address (P.O. Box Number is Not Acceptable)					
The above named entity submits this statement for the purpose of changing its register			City	FL Zip Code					
the obligati	named entity submits this statement to ions of registered agent.	r the purpose of changing its	registere	ed office or reg	gistered agent, or bot	n, in the State of FI	orida. Iam fa	miliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature re	equired when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.									
FiLI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.			ncing	\$5.00 May Be Added to Fees				
After Ma	officers and	Trust Fund Cont			Added to Fees	CHANGES TO OFF	FICERS AND D	DIRECTORS	S IN 11
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2. 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 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: MM N Walt BYNON DAVA 10 - 3/14/06 305. 97.52972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BYNON DAVA 10 - 3/14/06 305. 97.52972