

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

|                                                |                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000010300</b>                 |  |
| <b>1. Entity Name</b><br>FANGO RENTAL IV, INC. |                                                                                   |

|                                                                                          |                                                                              |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>1820 N CORP LAKES BLVD STE 201<br>WESTON, FL 33326 | <b>Mailing Address</b><br>1820 N CORP LAKES BLVD STE 201<br>WESTON, FL 33326 |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|



01082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                                     |                                                                      |
|---------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>4. FEI Number</b><br>51-0444547                                  | <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b> |
| <b>5. Certificate of Status Desired</b><br><input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                                |

|                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br>GONZALEZ, DON<br>1820 N CORP LAKES BLVD STE 201<br>WESTON, FL 33326 |
|-----------------------------------------------------------------------------------------------------------------------------------|

**DO NOT WRITE  
IN THIS SPACE**

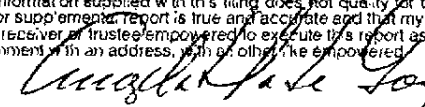
|                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>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.</b> |
| <b>SIGNATURE</b> _____ <b>DATE</b> _____                                                                                                                                                                                             |

|                                                                               |                                                                                                                                    |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | <b>9. Election Campaign Financing<br/>Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|

| <b>10. OFFICERS AND DIRECTORS</b> |                       |
|-----------------------------------|-----------------------|
| <b>TITLE</b>                      | PTD                   |
| <b>NAME</b>                       | GOMEZ, FABIO          |
| <b>STREET ADDRESS</b>             | 384 COCONUT CIR       |
| <b>CITY ST ZIP</b>                | WESTON, FL 33326      |
| <b>TITLE</b>                      | VSD                   |
| <b>NAME</b>                       | NARVAEZ, ANGELA MARIA |
| <b>STREET ADDRESS</b>             | 384 COCONUT CIR       |
| <b>CITY ST ZIP</b>                | WESTON, FL 33326      |
| <b>TITLE</b>                      |                       |
| <b>NAME</b>                       |                       |
| <b>STREET ADDRESS</b>             |                       |
| <b>CITY ST ZIP</b>                |                       |
| <b>TITLE</b>                      |                       |
| <b>NAME</b>                       |                       |
| <b>STREET ADDRESS</b>             |                       |
| <b>CITY ST ZIP</b>                |                       |
| <b>TITLE</b>                      |                       |
| <b>NAME</b>                       |                       |
| <b>STREET ADDRESS</b>             |                       |
| <b>CITY ST ZIP</b>                |                       |

UD0000522824  
05/03/06-80047-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>12. 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 11.7 changed, or on an attachment with an address, with or without the empowered.</b> |
| <b>SIGNATURE:</b>  <b>04/19/06 (954) 4452544</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |