


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2007 8:00 am
Secretary of State

01-25-2007 90053 042 ***150.00

DOCUMENT # P03000079221 1. Entity Name FLAGAMI IV, INC.	
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Principal Place of Business 9900 SW 142ND ST MIAMI, FL 33176-6709	Mailing Address 9900 SW 142ND ST MIAMI, FL 33176-6709
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DO NOT WRITE IN THIS SPACE



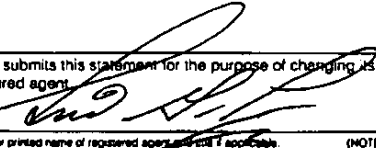
01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1703343	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOPEZ, ASIS 9900 SW 142ND ST MIAMI, FL 33176-6709

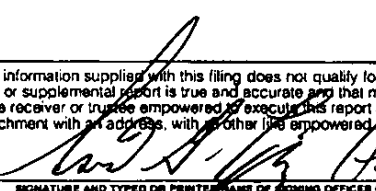
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IN THIS SPACE**

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 _____ DATE <u>1-19-07</u> <small>Signature, typed or printed name of registered agent, and fee, if applicable. (NOTE: Registered Agent signature required when re-registering)</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS LOPEZ, ASIS 9900 SW 142ND ST MIAMI, FL 331766709
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IN THIS SPACE**

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 if changed, or on an attachment with an address, with or other like empowered.  SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	6. LOPEZ PRSS 2/13/07 Date _____ <small>Daytime Phone # _____</small>
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(786)
297-8204