


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000095772
1. Entity Name
A A SECURITY INVESTIGATIONS GROUP IV, INC.



Principal Place of Business 18565 SW 104 AVE MIAMI, FL 33157	Mailing Address 18565 SW 104 AVE MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0108249	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OJEDA-THOMPSON, LUCIA
12100 SW 182 TERR
MIAMI, FL 33177

**DO NOT WRITE
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 *Lucia Thompson* DATE 4-17-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OJEDA-THOMPSON, LUCIA
STREET ADDRESS	18565 SW 104 AVE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	FOJO, GONZALO
STREET ADDRESS	18565 SW 104 AVE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	NUNEZ, DANILO
STREET ADDRESS	18565 SW 104 AVE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	CELIS, EDUARD R
STREET ADDRESS	18565 SW 104 AVE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80111-004 158.75

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 all other like empowered.

SIGNATURE *Lucia Thompson* DATE 4-17-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #