


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90205 020 \*\*\*158.75

<b>DOCUMENT # P04000009629</b>	
1. Entity Name <b>PALM BEACH IV CORPORATION</b>	

Principal Place of Business <b>1401 UNIVERITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071</b>	Mailing Address <b>1401 UNIVERITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071</b>
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**60034457**



2. Principal Place of Business <b>1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300</b>	3. Mailing Address <b>1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300</b>
City & State <b>Sunrise, FL</b>	City & State <b>Sunrise, FL</b>
Zip <b>33323</b>	Country <b>USA</b>

04032006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0646583</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GRANT, MARK F ESQ 200 EAST BROWARD BLVD 15TH FLOOR FORT LAUDERDALE, FL 33301</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>SEE ATTACHED</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EZRATTI, ITZAK 1401 UNIVERSITY DR 200 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EZRATTI, ITZAK 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FANT, ALAN J 1401 UNIVERSITY DR 200 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FANT, ALAN J 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COSTELLO, RICHARD A 1401 UNIVERSITY DR 200 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ COSTELLO, RICHARD A 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORWALK, RICHARD M 1401 UNIVERSITY DR 200 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ NORWALK, RICHARD M 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENENDEZ, MARIA N 1401 UNIVERSITY DR 200 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MENENDEZ, N. MARIA 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORBAN, PAUL 1401 UNIVERSITY DR 200 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORBAN, PAUL 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maria Menendez* **MARIA MENENDEZ, VICE PRESIDENT** **954-753-1730** **4/28/06**

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

ATTACHMENT

CONTINUATION PAGE  
2006 FOR PROFIT CORPORATION  
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~~#~~ P04000009629

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☒ Change ☐ Addition

TITLE:

✓

NAME:

Steven M. Helfman

STREET ADDRESS:

1600 Sawgrass Corporate Parkway, #300

CITY-ST-ZIP:

Sunrise, FL 33323