

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000023206

Entity Name: YAB IV, INC.

FILED  
Feb 23, 2006  
Secretary of State

## Current Principal Place of Business:

240 CRANDON BLVD #266  
KEY BISCAYNE, FL 33149

## New Principal Place of Business:

260 CRANDON BLVD #48  
KEY BISCAYNE, FL 33149

## Current Mailing Address:

240 CRANDON BLVD #266  
KEY BISCAYNE, FL 33149

## New Mailing Address:

260 CRANDON BLVD #48  
KEY BISCAYNE, FL 33149

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALAZAR, LISETTE ESQ  
240 CRANDON BLVD #266  
KEY BISCAYNE, FL 33149 US

## Name and Address of New Registered Agent:

SALAZAR, LISETTE ESQ  
260 CRANDON BLVD #48  
KEY BISCAYNE, FL 33149 US

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.

SIGNATURE: LISETTE SALAZAR

02/23/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CAPRA, ALESSANDRO  
Address: 260 CRANDON BLVD., #48  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: CAPRA, NICCOLO  
Address: 260 CRANDON BLVD., #48  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: CAPRA, FRANCOIS A. DE  
Address: 260 CRANDON BLVD., #48  
City-St-Zip: KEY BISCAYNE, FL 33149

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALESSANDRO CAPRA

D

02/23/2006

Electronic Signature of Signing Officer or Director

Date