

**2007 FOR PROFIT CORPORATION .
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90103 024 ***150.00

DOCUMENT # P04000154065
1. Entity Name
SURF CITY IV, INC.



Principal Place of Business
**1516 MAIN STREET
SARASOTA, FL 34236**

Mailing Address
**645 FRIENDSHIP DR
SARASOTA, FL 34241**

40091161



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
6455 FRIENDSHIP DR
Suite, Apt. #, etc.

01122007 Chg-P CR2E034 (12/06)

City & State
SARASOTA, FL

4. FEI Number
20-1884981

Applied For
Not Applicable

Zip
34241

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ESHKOLI, NIR
~~3031 N. OCEAN BLVD, APT 408~~ **6455 FRIENDSHIP DR**
~~FT. LAUDERDALE, FL 33308~~ **SARASOTA, FL 34241**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESHKOLI, NIR 6455 FRIENDSHIP DR SARASOTA, FL 34241	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESHKOLI, MONICA 6455 FRIENDSHIP DR SARASOTA, FL 34241	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input 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: Nir Eshkoli **NIR ESHKOLI**
PRESIDENT
3-20-07 941-955-8154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #