

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000086717

Entity Name: FOUR MANAGEMENT INC

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

825 W HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

825 W HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 76-0794302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYON, JAMES B ESQ
3300 UNIVERSITY DRIVE
SUITE 802
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STR () Delete
Name: AWALE, AHMAD
Address: 11541 HIBBS GROVE DR
City-St-Zip: COOPER CITY, FL 33330

Title: P (X) Delete
Name: SCALA, GERALD A
Address: 5910 NW 63RD WAY
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: AWALE, AHMAD N
Address: 11541 HIBBS GROVE DR
City-St-Zip: COOPER CITY, FL 33330

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

I hereby certify that the information supplied with this filing does not qualify 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: AHMAD AWALE

PS

02/05/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date