

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000000072

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: N.Y.P.D. IV, INC.

**Current Principal Place of Business:**

4895 WINDWARD PASSAGE DRIVE  
BOYNTON BEACH, FL 33436 US

**New Principal Place of Business:**

**Current Mailing Address:**

4895 WINDWARD PASSAGE DRIVE  
BOYNTON BEACH, FL 33436 US

**New Mailing Address:**

FEI Number: 26-1653024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMICO, ANTONIA  
6778 NW 66TH AVENUE  
PARKLAND, FL 33067 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: P ( ) Delete  
Name: AMICO, ANTHONY  
Address: 2710 MISTY OAKS CIRCLE  
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: VP ( ) Delete  
Name: DALBON, ARMANDO G  
Address: 1714 ANNANDALE CIRCLE  
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: SEC ( ) Delete  
Name: AMICO, ANTONIA  
Address: 6778 NW 66TH AVENUE  
City-St-Zip: PARKLAND, FL 33067 US

**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 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: ANTHONY AMICO

P

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date