

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000069570

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** IV THIRST INC.

**Current Principal Place of Business:**

2755 VISTA PARKWAY  
SUITE J5  
WEST PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

2755 VISTA PARKWAY  
SUITE J5  
WEST PALM BEACH, FL 33411 US

**New Mailing Address:**

**FEI Number:** 36-4677010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MINNS, MYLES R  
2240 PALM BEACH LAKES BLVD.  
#400  
WEST PALM BEACH, FL 33409 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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ROBINSON, JANVIER  
**Address:** 255 EVERNIA ST. #916  
**City-St-Zip:** WEST PALM BEACH, FL 33401 US

**Title:** VPD  
**Name:** MINNS, MYLES R  
**Address:** 2240 PALM BEACH LAKES BLVD., SUITE 400  
**City-St-Zip:** WEST PALM BEACH, FL 33409 US

**Title:** ST  
**Name:** MINNS, MYLES R  
**Address:** 2240 PALM BEACH LAKES BLVD., SUITE 400  
**City-St-Zip:** WEST PALM BEACH, FL 33409

I hereby 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 all other like empowered.

**SIGNATURE:** ROBINSON JANVIER

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02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date