

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90009 001 ***158.75

DOCUMENT # P95000008928

1. Entity Name
VOLTAVA (IV), INC.



Principal Place of Business
11161 N.W. 26 DRIVE
CORAL SPRINGS, FL 33065

Mailing Address
11161 N.W. 26 DRIVE
CORAL SPRINGS, FL 33065

54032250



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0556634

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSES, SYLVIA
11161 N.W. 26 DRIVE
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name Edward A. Moses
Street Address (P.O. Box Number is Not Acceptable)
11161 NW 26 DRIVE
City Coral Springs FL Zip Code 33065

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Edward A. Moses

04/06/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MOSES, SYLVIA
STREET ADDRESS 11161 N.W. 26TH DR.
CITY-ST-ZIP CORAL SPRINGS, FL 33065 ☐ Delete

TITLE S
NAME MOSES, SARAH
STREET ADDRESS 11161 NW 26TH DR
CITY-ST-ZIP CORAL SPRINGS, FL 33065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward A. Moses

04/06/04

(954) 344-0603

Date

Daytime Phone #