

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2007 8:00 am**  
**Secretary of State**

07-19-2007 90024 003 \*\*\*550.00

**DOCUMENT # P98000021546**

1. Entity Name  
**VESENAZ, INC.**



Principal Place of Business

**C/O 400 PARK AVE  
SUITE 1420  
NEW YORK, NY 10022**

Mailing Address

**C/O 400 PARK AVE  
SUITE 1420  
NEW YORK, NY 10022**

2. Principal Place of Business - No P.O. Box #

**c/o Brenner Real Estate Group, 1500 W. Cypress Creek Rd**

3. Mailing Address

**c/o Brenner Real Estate Group, 1500 W. Cypress Creek Rd**

Suite, Apt. #, etc.

**Suite 409**

Suite, Apt. #, etc.

**Suite 409**

City & State

**Fort Lauderdale, FL**

City & State

**Fort Lauderdale, FL**

Zip

**33309**

Country

**U.S.**

Zip

**33309**

Country

**U.S.**

05082007

Chg-P

CR2E034 (12/06)

4. FEI Number

**58-2485415**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NAVON, SAMUEL D  
2699 STIRLING ROAD  
SUITE B-100  
FORT LAUDERDALE, FL 33312**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	POLLAN, STEPHEN M	
STREET ADDRESS	400 PARK AVE SUITE 1420	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hussa Bint Khalid Bint Abdulaziz	
STREET ADDRESS	500 Lake Avenue	
CITY-ST-ZIP	Greenwich, CT 06830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(203) 869-0207

Daytime Phone #