2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000005978

1. Entity Name
MIZNER COURT, INC.



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 MAR 27 AM 11: 14

Principal Place of Business

Mailing Address

301 YAMATO RD., STE. 3101 BOCA RATON, FL 33431 301 YAMATO RD., STE. 3101 BOCA RATON, FL 33431



03132006

No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0847180 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

STOLTZ, MORRIS L II 301 YAMATO RD., STE. 3101 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

				IN	INIS SPACE
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title r	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finantification.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			4
TITLE NAME STREET ADORESS CITY-ST-ZIP	CPS STOLTZ, MORRIS L II 301 YAMATO RD., STE. 3101 BOCA RATON, FL 33431			5 04/1	00069970485 0/0601080009 **950.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS				DΩ	NOT WRITE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				_	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CHTY_ST-ZIP					

12. I hereby certify that the information supplied with this filling 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:

NGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #