2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000005982

1. Entity Name
MIZNER COURT HOLDINGS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 11: 14

Principal Place of Business

301 YAMATO RD., SUITE 3101 BOCA RATON, FL 33431 Mailing Address

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



03132006

No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0847181

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

SIGNATURE:

DO NOT WRITE IN THIS SPACE

				IN	THIS SPACE
8. The above the obligat	named entity submits this statement for the prince of registered agent.	urpose of changing its registere	ed office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registere	1 Agent rimon.	e required when reinstating)	
*	Tall the process process and the same of t			e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			L
TITLE Name Street address City-St-Zip	CPS STOLTZ, MORRIS L II 301 YAMATO RD., SUITE 3101 BOCA RATON, FL 33431		300069970573 04/10/0601080009 **950.00		
TITLE Name Street address City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME Street address City-St-Zip				IN '	THIS SPACE
TITLE NAME Street address City-St-Zip					
HTLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corchanged.	certify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustetempowered or on an attachment with an activess, with all	ing does not qualify for the exe nd accurate and that my signat to execute this report as requir other like empowered.	imptions co ure shall ha ed by Chap	ntained in Chapter 119 ve the same legal effecter 607, Florida Statute	Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR