




FILED
Jun 18, 2008 8:00 am
Secretary of State

05-08-2008 90022 039 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J89652		
1. Entity Name MIZNER, INC.		
Principal Place of Business 87 VIA MIZNER WORTH AVENUE PALM BEACH, FL 33480		Mailing Address 87 VIA MIZNER WORTH AVENUE PALM BEACH, FL 33480
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DESIDERIO, ARLENE 301 53RD ST., #D WEST PALM BEACH, FL 33407		66014403  01172008 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0008744 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____		DO NOT WRITE IN THIS SPACE
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DES DERIO, ARLENE 301 53RD ST # D WEST PALM BEACH, FL 33407	
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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:  6/12/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		