

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000115937**

1. Entity Name  
**MIZNER KITCHENS, INC.**



Principal Place of Business  
**6695 NEWPORT LAKE CIR  
BOCA RATON, FL 33496**

Mailing Address  
**6695 NEWPORT LAKE CIR  
BOCA RATON, FL 33496**



06122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ARIE MREJEN, P.A.  
701 W CYPRESS CREEK RD STE 302  
FT LAUDERDALE, FL 33309**

**DO NOT WRITE  
IN THIS SPACE**

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)

5/11/06  
DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	MR
NAME	OUKNINE, ARMAND
STREET ADDRESS	6695 NEWPORT LAKE CIR
CITY-ST-ZIP	BOCA RATON, FL 33496

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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000000567213  
06/15/06-80001-011 158.75

**DO NOT WRITE  
IN THIS SPACE**

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

5/11/06 (561) 702-3253  
(561) 350-4653  
Date Daytime Phone \*