



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000009262 1. Entity Name PREMIER ASSET MANAGEMENT, INC.	
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Principal Place of Business 2100 PARK CENTRAL BLVD., N SUITE 900 POMPANO BEACH, FL 33064 US	Mailing Address 2100 PARK CENTRAL BLVD., N SUITE 900 POMPANO BEACH, FL 33064 US
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DO NOT WRITE IN THIS SPACE

	
01092004 No Chg-P	CR2E034 (10/03)
4. FEI Number 65-0388109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THEODORE J KLEIN, ATTY
88 NE 168TH ST
NORTH MIAMI BEACH, FL 33162

**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000157088 05/06/04-80012-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AZOUT, JACK 2875 NE 191 ST PH1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SREDNI, ERWIN 2875 NE 191 ST AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GILINSKI, SAUL 2875 NE 191 STREET., PH 1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SREDNI, ISAAC 2875 NE 191 STREET PH 1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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 _____ Daytime Phone # _____