2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# P93000009262

Entity Name: PREMIER ASSET MANAGEMENT, INC.

Current Principal Place of Business:

2875 NE 191ST STREET
PENTHOUSE 1B
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

2875 NE 191ST STREET
PENTHOUSE 1B
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 65-0388109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEIN, THEODORE J
8030 PETERS ROAD
SUITE D-104
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: AZOUT, JACK
Address: 2875 NE 191 ST PH1
City-St-Zip: AVENTURA, FL 33180

Title: VD ( ) Delete
Name: SREDNI, ERWIN
Address: 2875 NE 191 ST
City-St-Zip: AVENTURA, FL 33180

Title: VD ( ) Delete
Name: GILINSKI, SAUL
Address: 2875 NE 191 STREET., PH 1
City-St-Zip: AVENTURA, FL 33180

Title: SD ( ) Delete
Name: SREDNI, ISAAC
Address: 2875 NE 191 STREET PH 1
City-St-Zip: AVENTURA, FL 33180

Title: VP ( ) Delete
Name: SHERIDAN, PETER
Address: 2100 PARK CENTRAL BLVD NORTH SUITE 900
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK AZOUT PRES 03/10/2009

Electronic Signature of Signing Officer or Director — Date