


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90015 026 \*\*\*150.00

<b>DOCUMENT # P96000097976</b> 1. Entity Name MIZNER LAKE ESTATES, INC.	
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Principal Place of Business 1200 S. ROGERS CIRCLE STE #11 BOCA RATON, FL 33487	Mailing Address 1200 S. ROGERS CIRCLE STE #11 BOCA RATON, FL 33487
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0716615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

POPKIN, EDWARD D ESQ  
301 YAMATO ROAD, #1450  
BOCA RATON, FL 33431

**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) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD POPKIN, EDWARD D ESQ. <del>5355 TOWN CENTER ROAD, STE 801</del> <i>301 Yamato Rd</i> BOCA RATON, FL 33486 <i>Suite 1450</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT ALBANESE, LEONARD A 1200 S. ROGERS CIRCLE #11 BOCA RATON, FL 33487
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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: LEONARD ALBANESE, PARTNER *1/31/08* *561 994-1375*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #