FILED
Mar 01, 2004 08:(
Secretary of St

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000049895

1. Entity Name
AMEZNER CORPORATION

Principal Place of Business
1741 CLEVELAND ROAD
MIAMI BEACH, FL 33141

Mailing Address
1741 CLEVELAND ROAD
MIAMI BEACH, FL 33141

DO NOT WRITE IN THIS SPACE

02162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0841345

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $[illegible] Additional Fee Required

6. Name and Address of Current Registered Agent

JOVANOVIC, DOUGLAS
888 S.E. 3RD AVE. SUITE 400
FORT LAUDERDALE, FL 33316

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000072716
03/02/04-80006-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	POZMENTIER, ALBERT
STREET ADDRESS	1741 CLEVELAND ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D
NAME	POZMENTIER, MIREILLE
STREET ADDRESS	1741 CLEVELAND ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X [signature] A. POZMENTIER X 02/25/04 (305)8656128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #