

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000009262

**FILED**  
**Jan 19, 2017**  
**Secretary of State**  
**CC0360500112**

**Entity Name:** PREMIER ASSET MANAGEMENT, INC.

**Current Principal Place of Business:**

2875 NE 191ST ST  
PH1  
AVENTURA, FL 33180

**Current Mailing Address:**

2875 NE 191ST ST  
PH1  
AVENTURA, FL 33180 US

**FEI Number: 65-0388109**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title PD  
Name AZOUT, JACK  
Address 2875 NE 191 ST PH1  
City-State-Zip: AVENTURA FL 33180

Title VD  
Name SREDNI, ERWIN  
Address 2875 NE 191 ST  
City-State-Zip: AVENTURA FL 33180

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

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

*I hereby 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 all other like empowered.*

**SIGNATURE: JACK AZOUT**

**DIRECTOR**

**01/19/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date