

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90769 020 ****61.25

DOCUMENT # N03000008391

1. Entity Name

AMERICA CONTINENTAL 2000, INC.



Principal Place of Business

9855 WESTVIEW DRIVE
 #712
 CORAL SPRINGS FL 33076

Mailing Address

9855 WESTVIEW DRIVE
 #712
 CORAL SPRINGS FL 33076

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 9746

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

FT. LAUDERDALE, FL

Zip

33310-9746

Country

BROWARD

4. FEI Number

20-0442045

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

CLEMENT, RAYMARK A
 4773 NW 116 TERR
 CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Raymark A. Clement

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

04/28/2004

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution:

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: P Delete
 NAME: CLEMENT, RAYMARK A
 STREET ADDRESS: 4773 NW 116 TERR
 CITY-ST-ZIP: CORAL SPRINGS FL 33076

TITLE: VD Delete
 NAME: KANTER, JAMES M
 STREET ADDRESS: 2701 PONCE DE LEON BVLD SUITE 300
 CITY-ST-ZIP: CORAL GABLES FL 33134

TITLE: D Delete
 NAME: CHEN, JULIO
 STREET ADDRESS: 14801 SW 141 TERR
 CITY-ST-ZIP: MIAMI FL 33196

TITLE: D Delete
 NAME: CARLUCCI, GIOVANNI
 STREET ADDRESS: 13472 NW 8TH TERR
 CITY-ST-ZIP: MIAMI FL 33182

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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 617, 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:

Raymark A. Clement

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

RAYMARK A. CLEMENT

Date 04/28/2004 (Daytime Phone #)

(954) 227-0634
 (954) 709-9350