


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90146 003 ****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: PO BOX 9746 FORT LAUDERDALE FL 33310-9746



2. Principal Place of Business: 9807 NW 57TH MANOR
 3. Mailing Address: PO BOX 771753
 Suite, Apt. #, etc.

2nd MOORE CR2E037 (5/05)

City & State: CORAL SPRINGS, FL
 City & State: CORAL SPRINGS, FL
 Zip: 33076 Country: USA
 Zip: 33077 Country: USA

4. FEI Number: 20-0442045
 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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* - RAYMARK A. CLEMENT; PRESIDENT 08-23-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By September 7, 2005

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	CLEMENT, RAYMARK A	<input type="checkbox"/> Delete
NAME	4773 NW 116 TERR	
STREET ADDRESS	CORAL SPRINGS FL 33076	
CITY-ST-ZIP	VD	
TITLE	KANTER, JAMES M	<input type="checkbox"/> Delete
NAME	2701 PONCE DE LEON BVLD SUITE 300	
STREET ADDRESS	CORAL GABLES FL 33134	
CITY-ST-ZIP	D	
TITLE	CHEN, JULIO	<input type="checkbox"/> Delete
NAME	14801 SW 141 TERR	
STREET ADDRESS	MIAMI FL 33196	
CITY-ST-ZIP	D	
TITLE	CARLUCCI, GIOVANNI	<input type="checkbox"/> Delete
NAME	13472 NW 8TH TERR	
STREET ADDRESS	MIAMI FL 33182	
CITY-ST-ZIP		
TITLE	CHIEF FINANCIAL OFFICER	<input type="checkbox"/> Delete
NAME	FELIX A. YOUNG	
STREET ADDRESS	4848 NW 24 TH CT. # 304	
CITY-ST-ZIP	LAUDERDALE LAKES, FL. 33313-3322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* / RAYMARK A. CLEMENT (954)-340-4620 08-23-2005