

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000004616**

1. Entity Name

FUTURE 2000 PROPERTIES, INC.



Principal Place of Business  
167 MADISON AVE., STE. 202  
NEW YORK NY 10016

Mailing Address  
167 MADISON AVE., STE. 202  
NEW YORK NY 10016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC  
3345 OLD WINTER GARDEN RD.  
ORLANDO FL 32811

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☒ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CDPS ☐ Delete  
NAME SILBERMAN, CARLOS  
STREET ADDRESS 167 MADISON AVE., STE. 202  
CITY- ST- ZIP NEW YORK NY 10016

TITLE T ☐ Delete  
NAME SILBERMAN, CARLOS  
STREET ADDRESS 167 MADISON AVE., STE. 202  
CITY- ST- ZIP NEW YORK NY 10016

TITLE VP ☐ Delete  
NAME SILBERMAN, CATALINA  
STREET ADDRESS 167 MADISON AVE., STE. 202  
CITY- ST- ZIP NEW YORK NY 10016

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000042112  
CITY- ST- ZIP 02/10/04-80009-019 163.75

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

TITLE ☐ Change ☐ Addition  
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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 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:

*[Signature]*  
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 26, 2004 (212)  
686-2024