

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90197 037 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000004564



1. Entity Name
4000 HOLDINGS, INC.

Principal Place of Business Mailing Address
7900 ISLAND BLVD. 7900 ISLAND BLVD.
NORTH MIAMI BEACH, FL 33160 NORTH MIAMI BEACH, FL 33160

24068364



2. Principal Place of Business 3. Mailing Address
4000 ISLAND BOULEVARD 4000 ISLAND BOULEVARD

Suite, Apt. #, etc. Suite, Apt. #, etc.
PH 2 PH 2

04262004 Chg-P CR2E034 (10/03)

City & State City & State
AVENTURA, FL AVENTURA, FL

4. FEI Number Applied For
65-0445957 Not Applicable

Zip Country Zip Country
33160 USA 33160 USA

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	
MATUS, ALAN 7900 ISLAND BLVD NORTH MIAMI BEACH, FL 33160		Name MATUS, ALAN	
		Street Address (P.O. Box Number is Not Acceptable) 4000 ISLAND BOULEVARD, PH 2	
		City AVENTURA	State FL
		Zip Code 33160	

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 **Alan Matus** **4-28-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **President** DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MATUS, ALAN 7900 ISLAND BLVD. NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MATUS, ALAN 4000 ISLAND BLVD, PH 2 AVENTURA, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIEB, JAMES M 7900 ISLAND BLVD. N. MIAMI BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPAS LIEB, JAMES M 4000 ISLAND BLVD, PH 2 AVENTURA, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TORPEY, CARITE 7900 ISLAND BLVD. N. MIAMI BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TORPEY, CARITE 4000 ISLAND BLVD, PH 2 AVENTURA, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPAS HIRSCH, MARK 4000 ISLAND BLVD, PH 2 AVENTURA, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS AMRANI, AYELET 4000 ISLAND BLVD, PH 2 AVENTURA, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Alan Matus** **4-28-04** **305-937-7826**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #