2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# F93000004567

Entity Name: 3000 HOLDINGS, INC.

Current Principal Place of Business:

4000 ISLAND BLVD., PH2
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

4000 ISLAND BLVD., PH2
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 65-0445954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATUS, ALAN I
4000 ISLAND BLVD., PH2
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: MATUS, ALAN
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: EVAS ( ) Delete
Name: LIEB, JAMES M
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: AS ( ) Delete
Name: TORPEY, CARITE
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: VAS ( ) Delete
Name: HIRSCH, MARK
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: NEW YORK, NY 10174

Title: VAS ( ) Delete
Name: AMRANO, AVELET
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VAS (X) Change ( ) Addition
Name: CIACCHI, BETTY
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: NORTH MIAMI BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALAN MATUS PSD 04/29/2005

Electronic Signature of Signing Officer or Director Date