2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \$

FILED Aug 22, 2005 08:00 AM Secretary of State

DOCUMENT # P00000080139 1. Entity Name TUTTI'S 2000, INC.					Secretary of State
635 COLLIN	e of Business S AVENUE _ H, FL 33139	Mailing Address 635 COLLINS AVENUE MIAMI BEACH, FL 33139	-		
DO NOT WRITE IN THIS SPACE				08152005 4. FEI Numb 59-366 5. Certificate	
	6. Name and Address of Current Red ISRAEL INS AVENUE ACH, FL 33139	istered Agent		-	NOT WRITE THIS SPACE
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 Submit to be a series of 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 Submit to be a series of 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 Submit to be a series of the purpose of changing its registered of florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Submit to be a series of the purpose of changing its registered of florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Submit to be a series of the purpose of changing its registered of the purpose of changing its registered agent agent. (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Fina Trust Fund Contribution				.00 May Be ed to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIE D YUNGER, ISRAEL 17700 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160	ECTORS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby o	sertify that the information supplied with this	filling does not qualify for the exe	mption stated in Se	ction 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 the changed.					