

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90567 012 \*\*\*158.75

**20036439**



03292005 Chg-P CR2E034 (10/03)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                     |                                                                                                                        |                                                                                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P00000095845</b><br>1. Entity Name<br>FRIENDS CLUB 2000, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                     |                                                                                                                        |                                                                                                                                                                         |  |
| Principal Place of Business<br>101 N.E. 172 STREET<br>NORTH MIAMI BEACH, FL 33162                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                     | Mailing Address<br>101 N.E. 172 STREET<br>NORTH MIAMI BEACH, FL 33162                                                  |                                                                                                                                                                         |  |
| 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<br>65-1086513                                                                                                                                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                     |                                                                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                  |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                     |                                                                                                                        | 7. Name and Address of New Registered Agent                                                                                                                             |  |
| AURELIEN, JEAN A<br>6604 EVERGREEN DR<br>MIRAMAR, FL 33023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                     |                                                                                                                        | Name <u>Fritz Altidor</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>101 N.E. 172 Street</u><br>City <u>North Miami Beach FL</u> Zip Code <u>33162</u> |  |
| 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 <u>[Signature]</u><br><small>Signature, typed or printed name of registered agent and title if applicable</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                     |                                                                                                                        | DATE <u>4/12/05</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$350.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                         |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                  |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>AURELIEN, JEAN A<br>6604 EVERGREEN DRIVE<br>MIRAMAR, FL 33023        |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>ALTIDOR, FRITZ<br>101 NE 172ND STREET<br>NORTH MIAMI BEACH, FL 33162 |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TD<br>ELIE, JEAN Y<br>15771 NE 15TH AVENUE<br>NORTH MIAMI BEACH, FL 33162  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>MONDESIR, LUCIEN<br>870 NE 140TH STREET<br>NORTH MIAMI, FL 33162     |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                            |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                            |                     | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                            |                     |                                                                                                                        |                                                                                                                                                                         |  |
| <b>SIGNATURE:</b> <u>[Signature]</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                     |                                                                                                                        |                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                     |                                                                                                                        | Date _____ Daytime Phone # _____                                                                                                                                        |  |