


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90150 045 \*\*\*150.00

DOCUMENT # P98000048022		
1. Entity Name SOLID GOLD 2000, INC.		

Principal Place of Business 15261 NW 6 COURT PEMBROKE PINES, FL 33028	Mailing Address 3793 WOODFIELD DR. COCONUT CREEK, FL 33073
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40023231



2. Principal Place of Business 3793 WOODFIELD DRIVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02202005 Chg-P CR2E034 (10/03)

City & State COCONUT CREEK, FL	City & State
Zip 33073	Country USA

4. FEI Number 65-0839732	Applied For Not Applicable
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6. Name and Address of Current Registered Agent	
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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NOFIL, MIMI 1995 W COMMERCIAL BLVD SUITE C FORT LAUDERDALE, FL 33309	
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7. Name and Address of New Registered Agent	
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Name JOSEPH K. NOFIL, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 3284 N. STATE ROAD 7	
City LAUDERDALE LAKES	Zip Code FL 33319

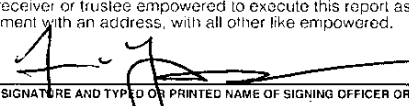
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 2/20/05  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD YUSEFZADEH, FARSHAD 15261 NW 6 COURT PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3793 WOODFIELD DRIVE COCONUT CREEK, FL 33073
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
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
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
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
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:  DATE: 2/22/2005 (954) 866 9911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR