2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

ANNUAL REPORT				May 01, 2006 08:00		
DOCUMENT # P98000048022 1. Entity Name SOLID GOLD 2000, INC.					Se	ecretary of Stat
3793 WOOD	ce of Business DFIELD DR REEK, FL 33073	Mailing Address 3793 WOODFIELD DR. COCONUT CREEK, FL 33073		Lengtinge sin		
F	O NOT WRITE	IN THE COA	<u> </u>	04282006	No Chg-P	CR2E034 (11/05)
ــا	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number 65-0839		Applied For Not Applicable
				5. Certificate of	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent				· · · · · · · · · · · · · · · · · · ·
NOFIL, JOSEPH K 3284 N STATE RD 7 FORT LAUDERDALE, FL 33319					NOT W	
the obligat	tions of registered agent. Signature, typed or printed name of registered agent and	tille if applicable, (NOTE. Registers	id Agent signature required	when reinstating)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		00 May Be ed to Fees		
10.	OFFICERS AND DIF	RECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD YOUSEFZADEH, FARSHAD 3793 WOODFIELD DR COCONUT CREEK, FL 33073		:		U00 05/11/	000545462 06-80079-007 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	'RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SF	PACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 offider 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: TOVS!

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #