


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90004 024 \*\*\*158.75

|   |   |
|---|---|
| <b>DOCUMENT # P99000061406</b>          |  |
| 1. Entity Name<br>2000 INVESTMENTS INC. |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>8849 NW 155 ST<br/>HIALEAH, FL 33016</b> | Mailing Address<br><b>7330 WEST 20TH AVENUE<br/>HIALEAH, FL 33016</b> |
|--|---|

**50002177**

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>14160 NW 77 CT<br/>Suite, Apt. #, etc.<br/>PH 32</b> | 3. Mailing Address<br><b>14160 NW 77 CT<br/>Suite, Apt. #, etc.<br/>PH-32</b> |
| City & State<br><b>MIAMI LAKES, FL</b>  | City & State<br><b>MIAMI LAKES, FL</b>  |
| Zip<br><b>33016</b>   | Zip<br><b>33016</b>   |



01052005 Chg-P CR2E034 (10/03)

|  |  |
|--|--|
| 4. FEI Number<br><b>65-0933034</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><b>COSTA, HELEN C ESQ.<br/>7330 WEST 20TH AVENUE<br/>HIALEAH, FL 33016</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>14160 NW 77 CT, PH-32</b><br>City<br><b>MIAMI LAKES FL</b> Zip Code<br><b>33016</b> |
|---|---|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</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>RINEHART, WAYNE<br><del>8849 NW 155 STREET</del><br>HIALEAH, FL 33016 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>14160 NW 77 CT, PH-32</b><br><b>MIAMI LAKES, FL 33016</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>COSTA, REINALDO<br><del>8849 NW 155 STREET</del><br>HIALEAH, FL 33016 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>14160 NW 77 CT, PH-32</b><br><b>MIAMI LAKES, FL 33016</b> |
| 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  |
| 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.

**SIGNATURE:** \_\_\_\_\_ **11/01/05** **305 5584092**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ATTACHMENT**  
**Division of Corporations**

50002177

**2005 Annual Report**

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual  
report form.

|   |                       |
|---|-----------------------|
| This information cannot be changed on the report. |                       |
| Document Number                                   | P99000061406          |
| Business Entity Name                              | 2000 INVESTMENTS INC. |
| Original File Date                                | 07/09/1999            |

FEI Number 65-0933034

Principal Address 8049 NW 155 ST.  
HIALEAH, FL 33016

Mailing Address 7330 WEST 20TH AVENUE  
HIALEAH, FL 33016

Registered Agent ESQ. HELEN C COSTA  
7330 WEST 20TH AVENUE  
HIALEAH, FL 33016

**Officer/Director Name And Address**

PD  
WAYNE RINEHART  
8049 NW 155 STREET  
HIALEAH, FL 33016

SD  
REINALDO COSTA  
8049 NW 155 STREET  
HIALEAH, FL 33016

If all of the above information is correct  
and you do not wish to make any  
changes, please select:

If you need to make changes to  
the above information, please  
select:

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