



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**Jan 31,
Seci**

DOCUMENT # P99000103676 1. Entity Name REALESTATE SOLUTIONS 2000, INC.		
Principal Place of Business 5747-5749 N UNIVERSITY DR TAMARAC, FL 33321	Mailing Address 5747-5749 N UNIVERSITY DR TAMARAC, FL 33321	
DO NOT WRITE IN THIS SPACE		
 01282005 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0964438		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent APUZZO, BARBARA 11522 MANATEE BAY LANE WELLINGTON, FL 33467		
DO NOT WRITE IN 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: <u><i>Barbara Apuzzo</i></u> DATE: <u>01/28/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAB APUZZO, BARBARA 11522 MANATEE BAY LANE WELLINGTON, FL 33467	
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DO NOT WRITE IN THIS SPACE		
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: <u><i>Barbara Apuzzo</i></u> DATE: <u>01/28/2005</u> DAYTIME PHONE: <u>954-220-3900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		