

112

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F25266

1. Entity Name

TOPS PLUS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 18 PM 12:06

Principal Place of Business
12940 SW 122 AVE
MIAMI FL 33186
US

Mailing Address
12940 SW 122 AVE
MIAMI FL 33186
US

54024555



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2070021

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VACCARO, URSULA J
10531 S.W. 118 ST.
MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Ursula J. Vaccaro

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.



\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME VACCARO, URSULA J
STREET ADDRESS 10531 SW 11 8 ST
CITY-ST-ZIP MIAMI FL 33176

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP Delete
NAME CERVONE, PETER
STREET ADDRESS 12734 SW 209 LANE
CITY-ST-ZIP MIAMI FL 33177

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S Delete
NAME CERVONE, URSULA
STREET ADDRESS 10531 SW 118 ST.
CITY-ST-ZIP MIAMI FL 33176

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ursula J. Vaccaro URSULA J. VACCARO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-29-04

Daytime Phone #

305-233-3131

ret part

42

8/18/04 . DEPOSITS/PAYMENTS DETAIL SCREEN 1:03 PM
DEPOSIT NUMBER : 08/17/04 01080 001 DEPOSIT TYPE : COR
ACCOUNT NUMBER : DEPOSIT AMOUNT : 173.75
USER ID : KWALKER DEPOSIT BALANCE: 0.00
DEBIT MEMO DATE: VOID DATE :
TRACKING NUMBER: 600040263366 DOCUMENT NUMBER: F25266
REQUESTOR : DM # 45236-K REPLC FEE LEDGER DATE : 08/17/04
SUB ACCT NUMBER:

CATEGORY	DESCRIPTION	AMOUNT
AR	ANNUAL REPORT	61.25
ARSUPP	ANNUAL REPORT - SUPPLEMENTAL	88.75
CERT	CERTIFICATION	8.75
RTNCK	RETURNED CHECK FEE	15.00

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR: