


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F25266**

1. Entity Name  
**TOPS PLUS, INC.**



Principal Place of Business      Mailing Address

12940 SW 122 AVE      12940 SW 122 AVE  
 MIAMI, FL 33186 US      MIAMI, FL 33186 US

**DO NOT WRITE IN THIS SPACE**



03112005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2070021**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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: *Ursula J. Vaccaro*      DATE: **3-11-05**

Signature, typed or printed name of registered agent and title if applicable. (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.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VACCARO, URSULA J
STREET ADDRESS	10531 SW 11 8 ST
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VP
NAME	CERVONE, PETER
STREET ADDRESS	12734 SW 209 LANE
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	S
NAME	CERVONE, URSULA
STREET ADDRESS	10531 SW 118 ST.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 03/14/05-80099-021 198.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**    Date: **3-11-05**    Daytime Phone #: **305-833-3131**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR