


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

05-25-2006 90012 038 ***158.75

DOCUMENT # F25266
 1. Entity Name
TOPS PLUS, INC.



Principal Place of Business ~~12940 SW 122 AVE~~ **12808 SW 122 Ave** Mailing Address ~~12940 SW 122 AVE~~ **12808 SW 122 Ave**
 MIAMI, FL 33186 US MIAMI, FL 33186 US

40094213



2. Principal Place of Business **12808 SW 122 Ave** 3. Mailing Address **12808 SW 122 Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

05102006 Chg-P CR2E034 (11/05)

City & State **Miami** City & State **Miam**

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

Zip **33186** Country Country Zip **33186** Country

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

7. Name and Address of New Registered Agent
 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 DATE 5-11-06
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 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | VACCARO, URSULA J | |
| STREET ADDRESS | 10531 SW 118 ST | |
| CITY-ST-ZIP | MIAMI, FL 33176 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | CERVONE, PETER | |
| STREET ADDRESS | 12734 SW 209 LANE | |
| CITY-ST-ZIP | MIAMI, FL 33177 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | CERVONE, URSULA | |
| STREET ADDRESS | 10531 SW 118 ST. | |
| CITY-ST-ZIP | MIAMI, FL 33176 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 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 Date 5-11-06 Daytime Phone # 305-233-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR