

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F94000001705

1. Entity Name
TOP HAT ENTERTAINMENT INC.



Principal Place of Business
**2078 BONISLE CIRCLE
WEST PALM BEACH, FL 33418-6503**

Mailing Address
**2078 BONISLE CIRCLE
WEST PALM BEACH, FL 33418-6503**

**FILED
Mar 21, 2005 08:00 AM
Secretary of State**



01232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0472711	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BALTIN, GWILDA
2078 BONISLE CIRCLE
WEST PALM BEACH, FL 33418**

**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 _____
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, 2005 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PVP
NAME	BALTIN, AUBIE
STREET ADDRESS	2078 BONISLE CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 334186503

TITLE	ST
NAME	BALTIN, GWILDA
STREET ADDRESS	2078 BONISLE CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 334186503

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03/21/05-80068-009 158.75

**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:

GWILDA BALTIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05 (561) 840-9767
Date Daytime Phone #