FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90946 048 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000069200

1. Entity Name
TOP ONE PUBLISHING, INC.

Principal Place of Business	Mailing Address
2401 COLLINS AVENUE, APT. 705 MIAMI BEACH, FL 33140	2401 COLLINS AVENUE, APT. 705 MIAMI BEACH, FL 33140

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9281 Byron Ave	9281 Byron Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Surfside, Fl	City & State: Surfside Fl.
Zip: 33154 Country: USA	Zip: 33154 Country: USA

4. FEI Number: 65-1129886 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR
MIAMI BEACH, FL 33131

7. Name and Address of New Registered Agent

Name: Beatriz Del Rio
Street Address (P.O. Box Number Is Not Acceptable): 9281 Byron Ave
City: Surfside, FL Zip Code: 33154

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] DATE: 4/13/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE NOW IS: FEE IS $150.00 ... 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 NAME: DEL RIO, BETTY STREET ADDRESS: 2401 COLLINS AVE #705 CITY-ST-ZIP: MIAMI BCH, FL 33140	☐ Delete	TITLE / NAME: Same STREET ADDRESS: 9281 Byron Ave CITY-ST-ZIP: Surfside, Fl. 33154	☒ Change ☐ Addition
TITLE: VP NAME: ALICEA, LOREYNE STREET ADDRESS: 2401 COLLINS AVE #705 CITY-ST-ZIP: MIAMI BCH, FL 33140	☐ Delete	TITLE / NAME: Same STREET ADDRESS: 9281 Byron Ave CITY-ST-ZIP: Surfside, Fl. 33154	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] Date: 4/13/03 Daytime Phone #: 305-8613545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR