


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90029 046 ***150.00

DOCUMENT # P03000009439

1. Entity Name
TOPUSAJOBS.COM, INC.



40015455



Principal Place of Business Mailing Address
 16485 COLLINS AVE 16485 COLLINS AVE
 SUITE 1036 SUITE 1036
 SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160

2. Principal Place of Business 3. Mailing Address
21200 NE 38 Ave. **21200 NE 38 Ave.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Apt. 1705 **Apt. 1705**

City & State City & State
Aventura, Florida **Aventura, Florida**

Zip Country Zip Country
33180 **USA** **33180** **USA**

01202005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
36-4522965 Not Applicable

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	
FIRTH, DON 16485 COLLINS AVENUE, SUITE 1036 SUNNY ISLES BEACH, FL 33160		Name Firth, Don Street Address (P.O. Box Number is Not Acceptable) 21200 NE 38 Avenue Apt. 1705 City Aventura FL Zip Code 33180	

8. The above named 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: *Don Firth* DATE: _____

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 \$350.00

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 NAME STREET ADDRESS CITY-ST-ZIP	P FIRTH, DON 16485 COLLINS AVENUE, #1036 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Firth, Don 21200 NE 38 Ave. #1705 Aventura, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIRTH, EUNICE 16485 COLLINS AVENUE, #1036 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Firth, Eunice 21200 NE 38 Ave. #1705 Aventura, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIRTH, JAKE 168 BIRD CREEK ESTATES RD BLACK MOUNTAIN, NC 28711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Don Firth* *Don Firth* Date: *2/5/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #