2004 FOR PROFIT CORPORATION - ANNUAL REPORT

DOCUMENT # P95000000081 1. Entity Name TOP GALLERY, INC.



FILED Apr 08, 2004 08:00 AM Secretary of State

Principal Place of Business 319 N. SEGRAVE ST. DAYTONA BEACH, FL 32114 Mailing Address 319 N. SEGRAVE ST. DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

		 60.7	E	B. darber and
	59-3291458			Not Applicabl
4.	FEI Number			Applied For

5. Certificate of Status Desired

No Chg-P

01282004

Fee Required

CR2E034 (10/03)

YEDID, GIL 43 FOREST VIEW WAY ORMOND BEACH, FL 32174

SIGNATURE:

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. § 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 NOWIII FEE IS \$150.00 9. Election Can After May 1, 2004 Fee will be \$550.00 Trust Fund C			ling 🔲	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	CTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YEDID, GIL 43 FOREST VIEW WAY ORMOND BEACH, FL 32174									
BILE NAME STREET ADDRESS CITY-ST-ZIP	V KATAN, MOSHE 102 SEA PINES CR. DAYTONA BEACH, FL 32114				U00000106939 04/08/04-80037-001 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE					
TITLE NAME STREET ADDRESS CITY+ST-BP				IN .	THIS SPACE					
TRILE NAME STREET ADDRESS CITY-ST-ZIP										
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
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.										