


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90096 009 ***150.00

DOCUMENT # P02000082574

1. Entity Name
TOP SHELF PROCESS SERVING, INC.



Principal Place of Business Mailing Address

14500 SW 88 AVE STE 128 **14500 SW 88 AVE STE 128**
MIAMI, FL 33176 **MIAMI, FL 33176**

2. Principal Place of Business 3. Mailing Address

13933 S.W. 179 Street **13933 S.W. 179 Street**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State, City & State

Miami, Florida **Miami, Florida**

Zip Country Zip Country

33177 **U.S.A.** **33177** **U.S.A.**



04152004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

05-0524381 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OJEDA, RICHARD L
14500 SW 88 AVE STE 128
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

13933 S.W. 179 Street

City State Zip Code

Miami **FL** **33177**

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 _____ DATE **04/15/04**

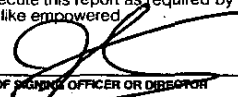
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OJEDA, RICHARD L	NAME	OJEDA, RICHARD L.
STREET ADDRESS	14500 SW 88 AVE STE 128	STREET ADDRESS	13933 S.W. 179 Street
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	MIAMI, FL 33177
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **Richard L. Ojeda** -  Date **04/15/04** Daytime Phone # **(305) 776-7490**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR