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2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
04 JUL 29 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E034 (4/04) MRD

DOCUMENT # P00000010801

1. Entity Name
TOP TWO U.S.A., INC.

Principal Place of Business	Mailing Address
1413 SW. 11TH TERRACE POMPANO BEACH FL 33069	PO BOX 18383 WEST PALM BEACH FL 33416

2. Principal Place of Business	3. Mailing Address
	1413 SW 11th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Pompano Beach
Zip / Country	Zip: FL / Country: 33069

4. FEI Number: 65-0981621 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALTIERI, CARL
1413 SW 11TH TERRACE
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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
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 DUE BY September 8, 2004 Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	TD	☐ Delete
NAME	DOLLBERG, JORGE JOSE	
STREET ADDRESS	5160 PALM BEACH CANAL RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33416	
TITLE	S	☐ Delete
NAME	ALTIERI, CARL	
STREET ADDRESS	1413 SW. 11TH TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Change ☑ Addition
NAME	Michael R Cofforth	
STREET ADDRESS	4102 N.W. 6th Street	
CITY-ST-ZIP	Deerfield Bch FL 33442	
TITLE	PS	☑ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Carl L. Altieri 7-19-04 (954) 520-8605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #