

# **FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

<b>DOCUMENT # P00000010801</b>					
<b>1. Entity Name</b> TOP TWO U.S.A., INC.					
<b>Principal Place of Business</b> 1413 SW 11TH TERRACE POMPANO BEACH, FL 33069			<b>Mailing Address</b> 1413 SW 11TH TERRACE POMPANO BEACH, FL 33069		
<b>2. Principal Place of Business</b> 1855 SE 4TH ST. Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. BOX 10966 Suite, Apt. #, etc.			
<b>City &amp; State</b> POMPANO BEACH Zip 33060 Country USA		<b>City &amp; State</b> POMPANO BEACH Zip 33061 Country USA		<b>4. FEI Number</b> 65-0981621	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
<b>6. Name and Address of Current Registered Agent</b> ALTIERI, CARL 1413 SW 11TH TERRACE POMPANO BEACH, FL 33069			<b>7. Name and Address of New Registered Agent</b> Name <u>JOHN GREENE</u> Street Address (P.O. Box Number is Not Acceptable) <u>1855 SE 4TH ST</u> City <u>POMPANO BEACH</u> <b>FL</b> Zip Code <u>33060</u>		
<b>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.</b> SIGNATURE <u>John Greene</u> DATE <u>June 8, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PS <b>NAME</b> ALTIERI, CARL <b>STREET ADDRESS</b> 1413 SW. 11TH TERRACE <b>CITY - ST - ZIP</b> POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PRESIDENT <b>NAME</b> GREENE, JOHN <b>STREET ADDRESS</b> 1855 SE 4TH ST <b>CITY - ST - ZIP</b> POMPANO BEACH FL 33060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> CONFORTI, MICHAEL <b>STREET ADDRESS</b> 4162 N.W. 6TH STREET <b>CITY - ST - ZIP</b> DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>Carl Altieri</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>06-08-06 (954) 520-8005</u> <small>Date Daytime Phone #</small>		

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06082006 Chg-P CR2E034 (11/05)

Applied For ☐ Not Applicable ☐

☒ \$8.75 Additional Fee Required

Name JOHN GREENE  
 Street Address (P.O. Box Number is Not Acceptable)  
1855 SE 4TH ST  
 City POMPANO BEACH **FL** Zip Code 33060

Amended AR is \$61.25

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

## **10. OFFICERS AND DIRECTORS**

<b>TITLE</b> PS <b>NAME</b> ALTIERI, CARL <b>STREET ADDRESS</b> 1413 SW. 11TH TERRACE <b>CITY - ST - ZIP</b> POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> D <b>NAME</b> CONFORTI, MICHAEL <b>STREET ADDRESS</b> 4162 N.W. 6TH STREET <b>CITY - ST - ZIP</b> DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete

## **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> PRESIDENT <b>NAME</b> GREENE, JOHN <b>STREET ADDRESS</b> 1855 SE 4TH ST <b>CITY - ST - ZIP</b> POMPANO BEACH FL 33060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**SIGNATURE:** Carl Altieri 06-08-06 (954) 520-8005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

John Greene 06-18-06 (954) 695-1505