### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: CARL LOUIS ALTIERI

# 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010801

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

#### **Current Principal Place of Business:**

890 NE 44TH STREET OAKLAND PARK, FL 33334

#### **Current Mailing Address:**

890 NE 44TH STREET OAKLAND PARK, FL 33334 US

#### FEI Number: 65-0981621

## Name and Address of Current Registered Agent:

ALTIERI, CARL 890 NE 44 ST OAKLAND PARK, FL 33334 US

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.

#### SIGNATURE:

#### Electronic Signature of Registered Agent **Officer/Director Detail :** Title S Title Ρ Name ALTIERI, FRANK Name ALTIERI, CARL Address 890 NE 48TH AVE Address 890 NE 48TH AVE City-State-Zip: OAKLAND PARK FL 33334 City-State-Zip: OAKLAND PARK FL 33334

Electronic Signature of Signing Officer/Director Detail

FILED Apr 30, 2020 Secretary of State 3424661435CC

Date

Certificate of Status Desired: No

04/30/2020

Date