2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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## Feb 17, 2004 8:00 am **Secretary of State DOCUMENT # 379306** 1. Entity Name 02-17-2004 90041 049 \*\*\*150.00 TOP-LINE HARDWARE, INC. OF FLORIDA Mailing Address Principal Place of Business 23 SE 22ND AVENUE POMPANO BEACH FL 33062 23 SE 22ND AVENUE POMPANO BEACH FL 33062 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-1321276 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PISTARELLI, RENATO J. **23 SE 22ND AVE** POMPANQ BEACH FL 33062 Zip Code 33 FL 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 SIGNATURE nt signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Pn. ☐ Delete TITLE ☐ Change ☐ Addition PISTARELLI, RENATO J NAME NAME 23 S.E. 22ND AVE. STREET ADDRESS STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP CITY-ST-ZIP \*DPD □ Change ☐ Addition TITLE Delete TITLE PISTARELLI, RAYMOND NAME NAME STREET ADDRESS STREET ADDRESS 23 S.E. 22ND AVE. POMPANO BEACH FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE PISTARELLI, RENATO J NAME NAME STREET ADDRESS 23-S.E. 22ND-AVE. STREET ADDRESS CiTY-ST-ZIP POMPANO-BEACH FL CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE JURITH FIS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME MANA JAND STREET ADDRESS STREET ADDRESS 23 SF CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 pushee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Daytime Phone #