2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 10, 2008 8:00 am Secretary of State

DOCUMENT # 379306							06-10-2008	90002 016 ***	150.00
1. Entity Name TOP-LINE HARDWARE, INC. OF FLORIDA						<u>}</u>			
Principal Place	e of Business	5	Malling Address			1 401	08135		
23 SE 22ND AVENUE POMPANO BEACH, FL 33062			23 SE 22ND AVENUE POMPANO BEACH, FL		307				
2. Principal P	tace of Busin	ness - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01252008	Chg-P	CR2E034 (12/06	ŋ	
City & State			City & State		4. FEI Num! 59-13			Applied For Not Applicable	
Zip			Zip Count		rtry	<u> </u>	e of Status Desired	S8.75 A	dditional red
 -	6, MBRW	and Address of Current F	(egistered Agent	Name					
HARRIS, SIDNEY E 2501 NE 14TH ST. UNIT 301					Street Address (P.O. Box Number is Not Acceptable) 3530 DE 23 Arc				
MARATHON SHORES, FL 33052					City 1			- Zio Cr	
					Light	nthouse		, ,	3064
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 Sometime, typical or printed name of imposting agent and title of applications. ThOTE: Registered prient argument unen remassing) DATE									
AND THE PROPERTY OF THE PROPER									
FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	T ==	OFFICERS AND D	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	ICERS AND DIRECTO	R\$ IN 11
TITLE NAME	ST PISTAREI	LLI. JUDITH	☐ Delete	TITLE	- 1			☐ Change	Addition
STREET ADDRESS	23 SW 2N	•			EET ADDRESS				
CITY-ST-ZIP		O BEACH, FL 33062		-	r-ST-20P				
TITLE NAME -	PD PISTARE	LLI,RAYMOND	☐ Delete	TITLE NAME	-			Change	Addition
STREET ADDRESS	23 S.E. 22	23 S.E, 22ND AVE. ·			EET ADDRESS				
CITY-ST-ZIP					-ST-ZIP				<u></u> _
TITLE NAME	VPD PISTAREI	LLI, RAYMOND JR.	☐ Delets	TOTUS NAME				☐ Change	☐ Addition
STREET ADDRESS	23 SE 22	ND AVE.		STRE	EET ADORESS				· -
CITY-ST-ZIP	POMPAN	O BEACH, FL 33062			-\$1-ZIP		-	Chann	- Addition
TITLE NAME			☐ Delets	TITLE				☐ Change	Addition
STREET ADDRESS				STRE	EET ADORESS				
CITY-ST-ZIP	 		□ Daluta	-	-S1-ZIP			Channe C	- 4dilion
TITLE HAME	1		☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS					EET ADORESS				
CITY-ST-ZIP	ļ		О.		-S1-2IP				
TITLE NAME			☐ Delete	TITLE	1			Change	☐ Addilion
STREET ADDRESS CITY-ST-ZIP		<u> </u>			EET ADORESS -ST-ZIP				
12. Hereby certify that the information supplied with this filling 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 each; 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: (SULLA SULLATOR) 1/28/08									