

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90055 007 \*\*\*158.75

**DOCUMENT # F00000001747**

1. Entity Name

TUTOPIA.COM, INC.



Principal Place of Business

15050 N.W. 79TH COURT  
200  
MIAMI LAKES FL 33016

Mailing Address

15050 N.W. 79TH COURT  
200  
MIAMI LAKES FL 33016

2. Principal Place of Business

9835 NW 14ST.

3. Mailing Address

9835 NW 14 ST.

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

Miami, FL

City & State

Miami, FL

Zip

33172

Country

USA

Zip

33172

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0972901

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

IFX CORP  
15050 N.W. 79TH COURT  
200  
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name

IFX CORP

Street Address (P.O. Box Number is Not Acceptable)

9835 NW 14 ST.

City

Suite 102

Miami

FL

Zip Code

33172

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DPT  
NAME SHALOM, MICHAEL ☐ Delete  
STREET ADDRESS 15050 N.W. 79TH COURT  
CITY-ST-ZIP MIAMI FL 33016

TITLE VS  
NAME BURSHTYN, JAK ☐ Delete  
STREET ADDRESS 15050 N.W. 79TH COURT  
CITY-ST-ZIP MIAMI FL 33016

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  
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

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/04

305-512-1101

Date

Daytime Phone #