

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K04881

Entity Name: TOP SHOP, INC.

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

8745 SW 136 ST
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

8745 SW 136 ST
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0019786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONEY, L ELISE
12705 S.W. 95TH CT
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: WILLIAMS, JULIETTE,
Address: 9221 RIDGELAND DR.
City-St-Zip: MIAMI, FL 23157

Title: D () Delete
Name: WILLIAMS, FELIPE,
Address: 13542 SW 179TH ST
City-St-Zip: MIAMI, FL 33177

Title: P () Delete
Name: LONEY, ELISE
Address: 12705 SW 95TH CT
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: LONEY, PETER
Address: 12705 SW 95TH COURT
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: L. ELISE LONEY

P

01/10/2007

Electronic Signature of Signing Officer or Director

Date