

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K04881

Entity Name: TOP SHOP, INC.

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

8745 SW 136 ST  
MIAMI, FL 33176

## New Principal Place of Business:

12705 SW 95 CT  
MIAMI, FL 33176

## Current Mailing Address:

8745 SW 136 ST  
MIAMI, FL 33176

## New Mailing Address:

12705 SW 95 CT  
MIAMI, FL 33176

FEI Number: 65-0019786

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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: 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:

I hereby certify that the information supplied with this filing does not qualify 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

PRES

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date