

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90069 013 ***150.00

DOCUMENT # M14943

1. Entity Name
DESIGNERS TOPS, INC.



Principal Place of Business

**5302 NW 72 AVENUE
MIAMI, FL 33166**

Mailing Address

**5302 NW 72 AVENUE
MIAMI, FL 33166**

2. Principal Place of Business

1350 NW 88 AVE

3. Mailing Address

1350 NW 88 AVE

Suite, Apt. #, etc.

MIAMI

Suite, Apt. #, etc.

MIAMI

City & State

FL

City & State

FL

Zip

33172

Country

U.S.A.

Zip

33172

Country

U.S.A.

02162005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2527972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PERUYERA, J R
9240 SW 72 ST #202
MIAMI, FL 33173**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **PINO, ERLINDA**
STREET ADDRESS **10000 SW 159 AVE**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE **VD** ☐ Delete
NAME **PINO, PABLO**
STREET ADDRESS **5125 S.W. 97TH CT.**
CITY-ST-ZIP **MIAMI, FL**

TITLE **T** ☐ Delete
NAME **PINO, ROBERTO JR.**
STREET ADDRESS **16337 SW 23 STREET**
CITY-ST-ZIP **HOLLYWOOD, FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **TREASURER**
STREET ADDRESS **PINO, ROBERT JR**
CITY-ST-ZIP **16337 SW 23 STREET**
MIAMI, FL 33027

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

2-16-05 305-599-9973