FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)			05-28-2002 91674 001 ***150.00 05-28-2002 91674 002 *****8.75		
DOCUMENT # POOOO OCC	9509		02 0CT 23 AM	00006950 10: 5.8	
1. Entity Name			3		
Top Notch Super Kids			SEGRETARY OF STATE TALLAHASSEE, FLORIDA		
DO NOT WRITE IN	THIS SPACE				
2 Principal Riace of Business ) 3. Ma	iling Address	7	· •	•	
Suite, Apt. #, etc.  Suite, Apt. #, etc.		[	DO NOT WRITE IN THIS SPACE		
CARR CORAL HIC	Ape Coral		El Number 3774789	Applied For Not Applicable	
33904 Country ee 35	3904 Countre	5. 0		8.75 Additional	
		7. Na	me and Address of Current Registered		
DO NOT WRITE    Name   Vo			landa Castillo		
IN THIS SPACE Street Address (f			ox Number is Not Acceptable)		
IN INIS SPACE	25	<u> 23</u> ,	SE 15 = 1		
		ape_	Comple FL	<sup>z</sup> 33904	
8. The above named entity submits this statement for the purp	pose of changing its registered office of	or registered age	ent, or both, in the State of Florida.		
SIGNATURE		sture required whon re-	nstating) DATE	·	
9. This corporation is eligible to satisfy its Intangible	January 1 - May 1 Fee is \$1: After May 1, Fee is \$550.0		10. Election Campaign Financing	\$5.00 May Be	
Tax filing requirement and elects to do so. (See griteria on back)	Amended UBR is \$61.25 take Check Payable to Departmen	,	Trust Fund Contribution.	Added to Fees	
11. OFFICERS AND DIRECTO	ORS TIPLE				
NAME STRIET ADDRESS CITY-ST-ZIP  ASD3  CTY-ST-ZIP  ASD3  CTY-ST-ZIP	NAME STREET DORESS CITY-ST-ZIP			1200	
TITLE DESCRIPTION	TITLES	<del> </del>		250348	
NAME STREET ADDRESS CITY-ST-ZIP 2523 SE 15	STREET ADDRESS CITY-ST-ZIP		18/10/20	្រី	
TIME Cape Coral, H	33904 ITTE		<del>   \</del>		
NAME STREET ADDRESS	NAME STREET ADDRESS	DO NOT WRITE			
TITLE	CITY-ST-ZIP	-			
NAME TILLER	NAME		IN THIS SPAC	E	
STREET ADDRESS CITY-ST-ZIP 2523 SE (5 1)	STREET ADDRESS CITY-ST-ZIP				
me Cape yoral H	33904 TITLE	0:550 lw	tion semoved, Image	AOI	
STREET ADDRESS 40/Amoda Casal	STREET ADDRESS	posted to wrong corp.			
CITY-ST-ZIP	CITY-ST-ZIP	<u> </u>	1		
TITLE NAME	TITLE NAME	}	HN.	10/23	
STREET ADDRESS : CITY-ST-ZIP	STREET ADORESS EITY-ST-ZIP				
13. Thereby certify that the information supplied with this filling	does not qualify for the exemption sta	ted in Section 1	19.07(3)(i), Florida Statutes. I further certify	y that the information	
of the corporation or the receiver of trustee empowered to execute the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1 or on an attachment with an address, with all other the empowered.					
SIGNATURE: PIGNAN RE AND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR Day In Proce 8					