2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

FILED
May 07, 2007 8:00 am
Secretary of State
04-18-2007 90156 034 ***150.00

DOCUMENT # P00000099948

1. Entity Name
TOPP DEVELOPMENT, INC.

660134'76

Principal Place of Business	Mailing Address
3055 NW 84TH AVE MIAMI, FL 33122	3055 NW 84TH AVE MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE

04102007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1049448
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEVINE GOODMAN PALLOT & WELLS, P.A.
777 BRICKELL AVENUE
SUITE 850
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TOPP, DAVID
STREET ADDRESS	3055 NW 84 AVENUE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	TD
NAME	TOPP, DORA
STREET ADDRESS	3055 NW 84 AVENUE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	S
NAME	RUBIN, ROBERT D
STREET ADDRESS	3055 NW 84 AVENUE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	D
NAME	TOPP, RISIA
STREET ADDRESS	3055 N.W. 84TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/30/07 786-331-3391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #