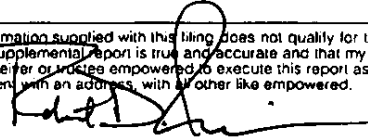


FILED
May 07, 2007 8:00 am
Secretary of State

04-18-2007 90156 034 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/1

DOCUMENT # P00000099948		
1. Entity Name TOPP DEVELOPMENT, INC.		
Principal Place of Business 3055 NW 84TH AVE MIAMI, FL 33122	Mailing Address 3055 NW 84TH AVE MIAMI, FL 33122	
DO NOT WRITE IN THIS SPACE		
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 _____ (NOTE: Registered Agent signature required when re-issuing)		
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 NAME STREET ADDRESS CITY-STATE-ZIP	PD TOPP, DAVID 3055 NW 84 AVENUE MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD TOPP, DORA 3055 NW 84 AVENUE MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S RUBIN, ROBERT D 3055 NW 84 AVENUE MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D TOPP, RISIA 3055 N.W. 84TH AVENUE MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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: 		4/30/07 796-331-339/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

66013476



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	

**DO NOT WRITE
IN THIS SPACE**