

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # P00000099948 1. Entity Name TOPP DEVELOPMENT, INC.	
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Principal Place of Business 3055 NW 84TH AVE MIAMI, FL 33122	Mailing Address 3055 NW 84TH AVE MIAMI, FL 33122
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04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

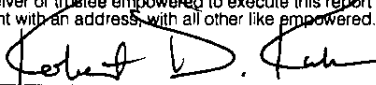
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOPP, DAVID 3055 NW 84 AVENUE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOPP, DORA 3055 NW 84 AVENUE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUBIN, ROBERT D 3055 NW 84 AVENUE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOPP, RISIA 3055 N.W. 84TH AVENUE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/23/08-80035-003 150.00

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:  ROBERT RUBIN	4/7/08	786-331-3391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #