

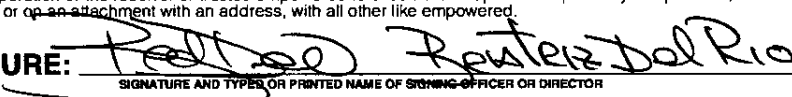


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90049 012 \*\*\*150.00

<b>DOCUMENT # P01000031412</b> 1. Entity Name <b>TOP ONE ENTERTAINMENT GROUP, INC.</b>			
Principal Place of Business <b>9281 BYRON AVE</b> <b>MIAMI BEACH, FL 33154</b>		Mailing Address <b>9281 BYRON AVE</b> <b>#439</b> <b>MIAMI BEACH, FL 33154</b>	
2. Principal Place of Business <b>9281 BYRON AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>9281 BYRON AVE</b> Suite, Apt. #, etc.	
City & State <b>SURFSIDE, Florida</b> Zip Country <b>33154 USA</b>		City & State <b>SURFSIDE, Florida</b> Zip Country <b>33154 USA</b>	
4. FEI Number <b>65-1086406</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CFRA, LLC</b> <b>ONE SOUTHEAST THIRD AVENUE</b> <b>777 S. HARBOUR ISLAND BLVD</b> <b>TAMPA, FL 33601-5730</b>		7. Name and Address of New Registered Agent Name <b>Beatriz Del Rio</b> Street Address (P.O. Box Number is Not Acceptable) <b>9281 BYRON AVE</b> City <b>SURFSIDE</b> <b>FL</b> Zip Code <b>33154</b>	
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  <b>Beatriz Del Rio</b> President. 4/13/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL RIO, BEATRIZ 1521 ALTON RD #439 MIAMI, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Del Rio, Beatriz 9281 BYRON AVE SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALICEA, LOREYNE 1521 ALTON RD #439 MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alicea, Loreyne 9281 BYRON AVE SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEL RIO, BEATRIZ 9281 BYRON AVE MIAMI BEACH, FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Del Rio, Beatriz 9281 BYRON AVE SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLIEN, LOREYNE 9281 BYRON AVE MIAMI BEACH, FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alicea, Loreyne 9281 BYRON AVE SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>Beatriz Del Rio</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/13/04</b>	Daytime Phone # <b>305-8613224</b>