2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000069200

1. Entity Name
TOP ONE PUBLISHING, INC.

Principal Place of Business	Mailing Address
9281 BYRON AVE.	9281 BYRON AVE.
SURFSIDE, FL 33154	SURFSIDE, FL 33154

DO NOT WRITE IN THIS SPACE

04082004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1129886	Not Applicable

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

6. Name and Address of Current Registered Agent

DEL RIO, BEATRIZ
9281 BYRON AVE.
SURFSIDE, FL 33154

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEL RIO, BETTY
STREET ADDRESS	9281 BYRON AVE.
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	VP
NAME	ALICEA, LOREYNE
STREET ADDRESS	9281 BYRON AVE.
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 _____   Betty Del Rio   4/13/04   8613224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #