

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082884

FILED
Apr 30, 2004
Secretary of State

Entity Name: TOP ACTIVITIES, INC.

Current Principal Place of Business:

3521 SW 154 CT
MIAMI, FL 33185

New Principal Place of Business:

Current Mailing Address:

3521 SW 154 CT
MIAMI, FL 33185

New Mailing Address:

FEI Number: 65-1133518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDEZ, EDUARDO J
8370 WEST FLAGLER STREET
SUITE 234
MIAMI, FL 331442040

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HENNING, BELSAY
Address: 10540 NW 26 STREET
City-St-Zip: MIAMI, FL 33172

Title: SVTD () Delete
Name: MENDEZ, GUSTAVO
Address: 10540 NW 26 STREET
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HENNING, BELSAY
Address: 3521 SW 154TH CT
City-St-Zip: MIAMI, FL 33185

Title: SVTD (X) Change () Addition
Name: MENDEZ, GUSTAVO
Address: 3521 SW 154TH CT
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO MENDEZ

SVTD

04/30/2004

Electronic Signature of Signing Officer or Director

Date