2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P01000093989 1. Entity Name TOPS ONE, INC.									05-02-2005	90475 04	40 ***15	60.00
Principal Place of Business				Mailing Address								
4401 38TH WAY S ST PETERSBURG, FL 33711				4401 38TH WAY S ST PETERSBURG, FL 33711								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04272005	Chg-P	CR2E	034 (10/03	3)
City & State				City & State				4. FEI Number Applied For 59-3748187 Not Applicable				
Zip	Zip Country			Zip	itry		5. Certificate of Status Desired S8.75 Additional Fee Required				Additional	
6. Name and Address of Current Registered Agent					L			7. Name and	Address of New	Registered	Agent	
CACEALA	NIDDEW					Name						
SASFAI, ANDREW 4401 38TH WAY S ST PETERSBURG, FL 33711						Street Address (P.O. Box Number is Not Acceptable)						
						City				FI	Zip Co	ode
8. The above	named entil	ty submits this statemen	nt for the	ourpose of changing its	registere	ed office or re	egister	ed agent, or bo	th, in the State of F			ih, and accept
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. 1 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, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees												
10.		OFFICERS A	ND DIRE		11.			ADDITIONS	/CHANGES TO OF	FICERS AN		
TATLE NAME	P Delete T					· .	P	FAI. AN	OREW		Change	e
STREET ADDRESS	s 4401 38TH WAY S					EET ADDRESS	123	01 40+	I ST NOR			
CITY-ST-ZIP						-ST-ZIP		FARWATI	ER, FL3.	376Z		
NAME	ST Delete IIII SASFAI, BARBARA INA						ST	CA. 70	20000		≥ Change	e 🗌 Addition
STREET ADORESS					STREET ADDRESS / 2			SFAI, BARBARA 301 YOTH ST NORTH				
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711				CITY	'- ST - ZIP			R, FL 33			
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NAME	, .				NAM	EET ADORESS				•		
STREET ADDRESS CITY-ST-ZIP	' '	•	•			-ST-ZIP						
12. I hereby	certify that th	ne information supplied	with this t	iling does not qualify fo	r the exe	mption state	d in Se	ction 119.07(3)	(i), Florida Statutes	. I further co	ertify that the	e information
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 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: ANOREW SASFAI N-28-05 7275920377 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date												
SIGNAL	UNE.	SIGNATURE AND TYPED	OR PRINTE	D NAME OF SIGNING OFFICER	OR DIREC	TOR	•	•	Date		Daytime Phone	, , , <u> </u>