2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005
Secretary of State

DOCUMENT# P01000121288

Entity Name: TOPECA HOLDINGS, INC.

Current Principal Place of Business:

137 EAST ENID DR
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

137 EAST ENID DR
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 01-0615242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFMANN, ERIKA
137 EAST ENID DR
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

GURIAN, JORGE L
2100 PONCE DE LEON BLVD.
600
CORAL GABLES, FL 33134 US

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: JORGE L. GURIAN 03/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HOFFMAN, PETER
Address: 137 EAST ENID DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: PS ( ) Delete
Name: RECAO, CARLOS M
Address: 2100 PONCE DE LEON BLVD., STE. 600
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: HOFFMANN, ERIKA
Address: 137 EAST ENID DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete
Name: HOFFMANN, PAUL
Address: 137 EAST ENID DR
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PSD (X) Change ( ) Addition
Name: HOFFMANN, ERIKA
Address: 2100 PONCE DE LEON BLVD., STE. 600
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change ( ) Addition
Name: RECAO, CARLOS
Address: 137 EAST ENID DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ERIKA HOFFMANN PSD 03/29/2005
Electronic Signature of Signing Officer or Director Date