## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000121288

Entity Name: TOPECA HOLDINGS, INC.

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2600 DOUGLAS ROAD 1110 BRICKELL AVENUE SUITE 1100 SUITE 509

CORAL GABLES, FL 33134 SOME 509 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

2600 DOUGLAS ROAD

SUITE 1100

CORAL GABLES, FL 33134

2665 S BAYSHORE DRIVE
SUITE 906
COCONUT GROVE, FL 33133

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GURIAN, JORGE L
2600 DOUGLAS ROAD
2665 S BAYSHORE DRIVE
SUITE 1100
CORAL GABLES, FL 33134 US
GURIAN, JORGE L
2665 S BAYSHORE DRIVE
SUITE 906
COCONUT GROVE, 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 01/26/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: HOFFMANN, DAVID Name: HOFFMANN, DAVID
Address: 2600 DOUGLAS ROAD SUITE 1100 Address: 2665 S BAYSHORE DRIVE, #906

Address: 2600 DOUGLAS ROAD SUITE 1100 Address: 2665 S BAYSHORE DRIVE, #906 City-St-Zip: COCONUT GROVE, FL 33133

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

Name: HOFFMANN, DENNIS Name: HOFFMANN, DENNIS
Address: 2600 DOUGLAS ROAD SUITE 1100 Address: 2665 S BAYSHORE DRIVE, #906

 Address:
 2600 DOUGLAS ROAD SUITE 1100
 Address:
 2665 S BAYSHORE DRIVE, #90

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:
 COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID HOFFMANN PD 01/26/2009