

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000033267

1. Entity Name
TOP HOP BROTHERHOOD ASSOCIATION INC.



Principal Place of Business
**5562 W. OAKLAND PARK BLVD.
LAUDERHILL, FL 33313**

Mailing Address
**5562 W. OAKLAND PARK BLVD.
LAUDERHILL, FL 33313**



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
81-0582584

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HOPWOOD, PATRICK
2601-1 E. ARAGON BLVD.
SUNRISE, FL 33313**

**DO NOT WRITE
IN THIS SPACE**

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**

U000000117226

04/13/04-80010-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOPWOOD, PATRICK
STREET ADDRESS	2601-1 E. ARAGON BLVD.
CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	VPT
NAME	LESLIE, HERMAN
STREET ADDRESS	3691 NW 29 STREET
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311
TITLE	S
NAME	LAWRENCE, KIRK M
STREET ADDRESS	6475 WEST OAKLAND PARK BLVD.
CITY-ST-ZIP	LAUDERHILL, FL 33313

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patrick Hopwood
PATRICK HOPWOOD

4-14-04

954-257-3966