

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90040 001 ***300.00

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DOCUMENT # P02000053976 1. Entity Name TOP SYSTEMS CORP.					
Principal Place of Business 2450 SW 137 AVE STE 234 MIAMI, FL 33175			Mailing Address 2450 SW 137 AVE STE 234 MIAMI, FL 33175		
2. Principal Place of Business 1200 Brickell Avenue Suite, Apt. #, etc. 860		3. Mailing Address 1200 Brickell Avenue Suite, Apt. #, etc. 860			
City & State Miami, FL Zip 33131		City & State Miami, FL Zip 33131		4. FEI Number 43-1974336 Applied For ☐ Not Applicable	
Country 		Country 		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, PETER M ESQ 2450 SW 137 AVE STE 234 MIAMI, FL 33175				7. Name and Address of New Registered Agent Name Peter M. Lopez, PA Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Avenue Ste 860 City Miami FL 33131	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete ETCHEPARE, JOSE P 2450 SW 137 AVE STE 234 MIAMI, FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Etchepare Jose P. 1200 Brickell Ave., Ste 860 miami, FL 33131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete DOMINGUEZ, ALVARO D 2450 SW 137 AVE STE 234 MIAMI, FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Dominguez, Alvaro D. 1200 Brickell Ave., Ste 860 miami, FL 33131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete TALMON, ENRIQUE 2450 SW 137 AVE STE 234 MIAMI, FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Talmon, Enrique 1200 Brickell Avenue, Ste 860 miami, FL 33131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Director 1/20/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					