

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000077008

FILED  
Jan 12, 2004  
Secretary of State

Entity Name: HOT TOP SENSATION, CORP.

## Current Principal Place of Business:

1013 CAPRI STREET  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

1013 CAPRI STREET  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 54-2070567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HIJAZI, BETTY  
1013 CAPRI STREET  
CORAL GABLES, FL 33134

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LOPEZ, DAVID  
Address: 1013 CAPRI STREET  
City-St-Zip: CORAL GABLEZ, FL 33134

Title: V ( ) Delete  
Name: HIJAZI, BETTY  
Address: 1013 CAPRI STREET  
City-St-Zip: CORAL GABLEZ, FL 33134

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition  
Name: HIJAZI, BETTY  
Address: 1013 CAPRI STREET  
City-St-Zip: CORAL GABLEZ, FL 33134

Title: V ( ) Change (X) Addition  
Name: TECHRIN, HIJAZI  
Address: 2121 NORTH BAY SHORE DRIVE  
City-St-Zip: MIAMI, FL 33137

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: DAVID LOPEZ

P

01/12/2004

Electronic Signature of Signing Officer or Director

Date