

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000097130

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** MARK HEVIER ENTERPRISES TOP SOLUTION INC.

**Current Principal Place of Business:**

1951 PINE RIDGE RD  
#105  
NAPLES, FL 34109

**New Principal Place of Business:**

1951 PINE RIDGE RD  
#104  
NAPLES, FL 34109

**Current Mailing Address:**

1951 PINE RIDGE RD  
#105  
NAPLES, FL 34109

**New Mailing Address:**

1951 PINE RIDGE RD  
#104  
NAPLES, FL 34109

**FEI Number:** 30-0111146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEVIER, MARK  
658 103 RD AVE. N  
NAPLES, FL 34108 US

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

HEVIER, MARK  
14516 MARSALA WAY  
NAPLES, FL 34109 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:

03/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HEVIER, MARTINA  
Address: 14516 MARSALA WAY  
City-St-Zip: NAPLES, FL 34109

Title: VP  
Name: HEVIER, MARK  
Address: 14516 MARSALA WAY  
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: MARTINA HEVIER

P

03/12/2012

Electronic Signature of Signing Officer or Director

Date