

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000105956 1. Entity Name TOP SALES COMPANY OF FLORIDA	
---	---

Principal Place of Business 20667 NW 27TH AVENUE BOCA RATON, FL 33434	Mailing Address 20667 NW 27TH AVENUE BOCA RATON, FL 33434
---	---

DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CRZE034 (11/05)

4. FEI Number 01-0776168	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

**NUSSBAUM, STUART
20667 NW 27TH AVENUE
BOCA RATON, FL 33434**

**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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO NUSSBAUM, STUART 20667 NW 27TH AVENUE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000434942
02/25/06-80021-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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 an attachment with an address, with all other like empowered.

SIGNATURE: Stuart Nussbaum **STUART NUSSBAUM** 2/9/06 561-852-4311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #