


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90045 001 ***150.00

DOCUMENT # P03000015950		
1. Entity Name HILLTOP HERBS & SPICES CORPORATION		

Principal Place of Business 1637 NW 38 AVE LUADERHILL, FL 33311	Mailing Address 1637 NW 38 AVE LUADERHILL, FL 33311
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40006250



2. Principal Place of Business 2720 SOMERSET DR	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01132005 Chg-P CR2E034 (10/03)

City & State LAUDERDALE FL	City & State
Zip 33311	Country US

4. FEI Number 37-1458790	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FILINGS, INC. 3732 NW 16 ST FT LAUDERDALE, FL 33311	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p>\$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILENT, ALPHANSO 1637 NW 38 AVE LUADERHILL, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/13/05 954-261-3105
Daytime Phone #