## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000020320

Entity Name: TOP TEEZ CUSTOM SILKSCREEN INC.

FILED Feb 04, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

8006 NW 90 STREET MEDLEY, FL 33166 US

Current Mailing Address: New Mailing Address:

8006 NW 90 STREET MEDLEY, FL 33166 US

FEI Number: 06-1680466 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MARTINEZ, MINA
8006 NW 90 STREET
MEDLEY, FL 33166 US

MARTINEZ, VICTOR
8006 NW 90 STREET
MEDLEY, FL 33166 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: VICTOR MARTINEZ 02/04/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 V
 ( ) Delete
 Title:
 VP
 (X) Change ( ) Addition

 Name:
 MARTINEZ, VIVIAN
 Name:
 MARTINEZ, VICTOR

 Address:
 8006 NW 90TH STREET
 Address:
 8006 NW 90TH STREET

 8006 NW 90TH STREET
 Address:
 8006 NW 90TH STREET

 MEDLEY, FL 33166 US
 City-St-Zip:
 MEDLEY, FL 33166 US

Title: P/T ( ) Delete Title: PT (X) Change ( ) Addition
Name: MARTINEZ MINA Name: MARTINEZ MINA

 Name:
 MARTINEZ, MINA
 Name:
 MARTINEZ, MINA

 Address:
 8006 NW 90 STREET
 Address:
 8006 NW 90 STREET

 City-St-Zip:
 MEDLEY, FL 33166 US
 City-St-Zip:
 MEDLEY, FL 33166 US

Title: S ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MARTINEZ, KRISTINA M
 Name:

 Address:
 8006 N.W. 90 STREET
 Address:

 City-St-Zip:
 MEDLEY, FL 33166
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VICTOR MARTINEZ VP 02/04/2008