


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90046 045 ***150.00

DOCUMENT # P03000029144	
1. Entity Name TOP WINNER USA, CORP.	

Principal Place of Business 9367 FOUNTAINEBLEAU BLVD APT G-111 MIAMI, FL 33172	Mailing Address 9367 FOUNTAINEBLEAU BLVD APT G-111 MIAMI, FL 33172
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01152005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1444737	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 ASTUDILLO, CARLOS 9367 FOUNTAINEBLEAU BLVD APT G-111 MIAMI, FL 33172	7. Name and Address of New Registered Agent Name <u>Armando Barreto</u> Street Address (P.O. Box Number is Not Acceptable) <u>9367 Fountainebleau Blvd Apt G-111</u> City <u>Miami</u> FL Zip Code <u>33172</u>
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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 Armando Barreto  DATE 1/15/05
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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASTUDILLO, CARLOS <input checked="" type="checkbox"/> Delete 9367 FOUNTAINEBLEAU BLVD APT G-111 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEON, LUZ Y <input type="checkbox"/> Delete 9367 FOUNTAINEBLEAU BLVD APT G-111 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADM BARRETO, ARMANDO <input checked="" type="checkbox"/> Delete 9367 FOUNTAINEBLEAU BLVD APT G-111 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Barreto, Armando <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9367 Fountainebleau Apt G-111 Miami FL 33172
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"/> Change <input type="checkbox"/> Addition
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 my address, with all other like empowered.

SIGNATURE:  DATE 1/15/05 (305) 552-0810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #