

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90278 009 ***150.00

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04202005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000060701			
1. Entity Name TOP SERVICES ENTERPRISES, INC			
Principal Place of Business 9500 NW 79 AVENUE 26 HIALEAH GARDENS, FL 33016		Mailing Address 9500 NW 79 AVENUE 26 HIALEAH GARDENS, FL 33016	
2. Principal Place of Business 9500 NW 79 AVE.		3. Mailing Address 9500 NW 79 AVE.	
Suite, Apt. #, etc. 14		Suite, Apt. #, etc. 14	
City & State Hialeah Gardens, FL		City & State Hialeah Gardens, FL	
Zip 33016		Zip 33016	
Country USA		Country USA	
4. FEI Number 20-0027715		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RODRIGUEZ, ROBERT 1850 WEST 56 STREET 2404 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name: RODRIGUEZ ROBERT Street Address (P.O. Box Number is Not Acceptable): 6365 NW 1735T City: Miami FL Zip Code: 33015	
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: <i>[Signature]</i> DATE: 4/20/05 <small>(NOTE: Registered Agent signature required when reappointing)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, ROBERT 1850 WEST 56 STREET # 2404 HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 6365 NW 1735T Miami, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: <i>[Signature]</i>		Date: 4/20/05 Daytime Phone #: 305-827-0097	