

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089371

FILED
Apr 27, 2004
Secretary of State

Entity Name: PDQ TOPS MANAGEMENT CORP.

Current Principal Place of Business:

1250 E. HALLANDALE BEACH BLVD.
SUITE 904
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

1250 E. HALLANDALE BEACH BLVD.
SUITE 904
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 20-0170063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMSON, DANIEL
1250 E. HALLANDALE BEACH BLVD.
SUITE 904
HALLANDALE, FL 33009

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: ABRAMSON, DANIEL
Address: 1250 E HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: V () Change (X) Addition
Name: CLEEMAN, PAUL
Address: 1250 E HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANIEL ABRAMSON

P

04/27/2004

Electronic Signature of Signing Officer or Director

_____ Date