


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90102 037 \*\*\*150.00

<b>DOCUMENT # P04000107476</b>	
1. Entity Name <b>D&amp;C CUSTOM DESIGN TOPS INC</b>	

Principal Place of Business <b>8030 NW 103RD ST BAY #10 HIALEAH, FL 33016</b>	Mailing Address <b>6430 W 24TH CT HIALEAH, FL 33016</b>
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**30028564**



2. Principal Place of Business <b>8030 NW 103RD ST</b>	3. Mailing Address <b>7810 W 34TH LN</b>
Suite, Apt. #, etc. <b>RAY # 10</b>	Suite, Apt. #, etc.

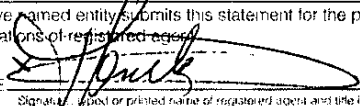
03142005 Chg-P CR2E034 (10/03)

City & State <b>HIALEAH, FL 33016</b>	City & State <b>HIALEAH, FL 33016</b>
Zip <b>33016</b>	Zip <b>33016</b>
Country	Country

4. FEI Number <b>20-1433724</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SPEEDY PARALEGAL SERVICES INC 6430 W 24TH CT HIALEAH, FL 33016</b>	7. Name and Address of New Registered Agent Name <b>MELENDEZ, DIMAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>7810 W 34TH LN</b> City <b>HIALEAH</b> FL <b>33016</b>
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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  Signature, typed or printed name of registered agent and title if applicable.	<b>DIMAS MENDEZ</b> (NOTE: Registered Agent Signature required when reinstating) DATE <b>03/14/05</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.P MENDEZ, DIMAS 7810 W 34TH LN HIALEAH, FL 33016</b> <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
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
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
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
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: 	<b>03/14/05</b> Date	<b>305-698-0677</b> Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		