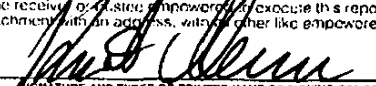


FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90087 034 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

50010983

DOCUMENT # P04000121933			
1. Entity Name TOPPS KITCHEN ALLEY, INC.			
Principal Place of Business 9 ISLAND AVENUE 1914 MIAMI BEACH, FL 33141 US		Mailing Address 9 ISLAND AVENUE 1914 MIAMI BEACH, FL 33139 US	
2. Principal Place of Business 831 C. N. FEDERAL HWY		3. Mailing Address 831 C. N. FEDERAL HWY	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33304		Country BROWARD	
Zip 33304		Country BROWARD	
4. FEI Number 20-1529384		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEACON ACCOUNTING SERVICES, INC. 3135 SW MAPP ROAD PALM CITY, FL 34990		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: GRAY, SCOTT J STREET ADDRESS: 9 ISLAND AVENUE #1914 CITY-STATE-ZIP: MIAMI BEACH, FL 33139		☒ Change ☐ Addition	
TITLE: SEC NAME: MENN, KURT STREET ADDRESS: 6422 COLLINS AVENUE #1702 CITY-STATE-ZIP: MIAMI BEACH, FL 33141		☒ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:		☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:		☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:		☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:		☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:		☐ Change ☐ 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 or other like empowered.			
SIGNATURE: 		2-2-05 305-776-4778	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	