

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000039276

FILED
Oct 26, 2009
Secretary of State**Entity Name:** TOP ENTERPRISE GROUP, INC.**Current Principal Place of Business:**17639 S DIXIE HWY
MIAMI, FL 33157**New Principal Place of Business:****Current Mailing Address:**90 NE 54 ST
MIAMI, FL 33137**New Mailing Address:****FEI Number:** 20-3095026**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MONDESIR, MARIE D
90 NE 54TH STREET
MIAMI, FL 33137 US**Name and Address of New Registered Agent:**MONDESIR, LEON
90 NE 54TH STREET
MIAMI, FL 33137 US

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: LEON MONDESIR

10/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MONTFORT, JEAN E
Address: 17639 S DIXIE HWY
City-St-Zip: MIAMI, FL 33157

Title: S () Delete
Name: MONDESIR, LEON
Address: 90 NE 54 ST
City-St-Zip: MIAMI, FL 33137

Title: P () Delete
Name: MARIE, MONDESIR
Address: 90 NORTHEAST 54TH STREET
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: TELCIDE, FRITZNER
Address: 90 NORTHEAST 54TH STREET
City-St-Zip: MIAMI, FL 33137

Title: T (X) Delete
Name: MONDESIR, CHRISTINE
Address: 90 NE 54TH STREET
City-St-Zip: MIAMI, FL 33137

Title: S (X) Delete
Name: TELCIDE, ERMIONE
Address: 90 NE 54TH STREET
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PDG (X) Change () Addition
Name: MONDESIR, LEON
Address: 90 NE 54 ST
City-St-Zip: MIAMI, FL 33137

Title: S (X) Change () Addition
Name: MARIE, MONDESIR
Address: 90 NORTHEAST 54TH STREET
City-St-Zip: MIAMI, FL 33137

Title: S (X) Change () Addition
Name: MONTFORT, JULIE
Address: 17639 SOUTH DIXIE HWY
City-St-Zip: PALMETTO BAY, FL 33137

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LEON MONDESIR

P

10/26/2009

Electronic Signature of Signing Officer or Director

Date