

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000060847

Entity Name: TOP TRAINERS INC

FILED  
Sep 23, 2008  
Secretary of State

## Current Principal Place of Business:

7859 W 36TH AVE  
SUITE: 201  
HIALEAH, FL 33018 US

## New Principal Place of Business:

## Current Mailing Address:

7859 W 36TH AVE  
SUITE: 201  
HIALEAH, FL 33018 US

## New Mailing Address:

FEI Number: 26-0514993      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MARTINEZ, ORLANDO  
7859 W 36TH AVE  
SUITE: 201  
HIALEAH, FL 33018 US

## 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SILVESTRI, PAOLA  
Address: 7859 W 36TH AVE SUITE: 201  
City-St-Zip: HIALEAH, FL 33018 US

Title: VP ( ) Delete  
Name: MARTINEZ, ORLANDO  
Address: 7859 W 36TH AVE SUITE: 201  
City-St-Zip: HIALEAH, FL 33018 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PAOLA SILVESTRI

PD

09/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date