

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000077256

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** TOPMIND-IT SERVICES CORPORATION

**Current Principal Place of Business:**

9093 NW 23RD PL  
CORAL SPRINGS, FL 33064

**New Principal Place of Business:**

4699 N FEDERAL HWY  
109E  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

9093 NW 23RD PL  
CORAL SPRINGS, FL 33064

**New Mailing Address:**

4699 N FEDERAL HWY  
109E  
POMPANO BEACH, FL 33064

**FEI Number:** 45-0567070

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADR ACCOUNTING SERVICES CORP  
4699 N FEDERAL HWY  
SUITE 109E  
POMPANO BEACH, FL 33064 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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** DA SILVA, SANDRA M  
**Address:** RUA ITAPEVA 202 CJ: 107  
**City-St-Zip:** SAO PAULO, SP 01332 BR

**Title:** VPD  
**Name:** DA SILVA, SERGIO L  
**Address:** RUA ITAPEVA 202 CJ: 107  
**City-St-Zip:** SAO PAULO, SP 01332 BR

I hereby 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 all other like empowered.

**SIGNATURE:** SANDRA M DA SILVA

PD

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date