

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000103838

FILED
Jul 09, 2009
Secretary of State

Entity Name: TOPLINX ENTERPRISE, INC.

Current Principal Place of Business:

7040 NW 177 STREET
UNIT 203
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

7040 NW 177 STREET
UNIT 203
MIAMI, FL 33015

New Mailing Address:

FEI Number: 26-3764812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, AMADOR
7040 NW 177 STREET
UNIT 203
MIAMI, FL 33015 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: P () Delete
Name: LOPEZ, AMADOR
Address: 7040 NW 177 STREET, UNIT 203
City-St-Zip: MIAMI, FL 33015

Title: VP () Delete
Name: LOPEZ, TANIA M
Address: 7040 NW 177 STREET, UNIT 203
City-St-Zip: MIAMI, FL 33015

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: TANIA M. LOPEZ

VP

07/09/2009

Electronic Signature of Signing Officer or Director

_____ Date