2004 FOR PROFIT CORPORATION

Apr 07, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-07-2004 90005 039 ***150.00 DOCUMENT # P94000084550 TOPP INVESTMENTS, INC. Principal Place of Business Mailing Address 94045648 3055 NW 84TH AVE 3055 NW 84TH AVE MIAMI, FL 33122 MIAMI, FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0534784 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEVINE, GOODMAN, PALLOT & WELLS, P.A. Street Address (P.O. Box Number is Not Acceptable) 777 BRICKELL AVE. **SUITE 850** MIAMI, FL 33131 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE Change ☐ Addition TOPP, DAVID NAME NAME STREET ADDRESS 3055 NW 84 AVE STREET ADDRESS MIAMI, FL 33122 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE [7] Change Addition TOPP, DORA NAME NAME STREET ADDRESS 3055 NW 84 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition KUCK, ODALYS NAME NAME STREET ADDRESS 3055 NW 84 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33122 TITLE Delete TITLE ☐ Change ☐ Addition TOPP, RISIA NAME NAME STREET ADDRESS 3055 N.W. 84TH AVENUE STREET ADDRESS MIAMI, FL 33122 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE

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 all other like empowered.

STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



(786) 331-3341

FILED