## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # P94000084550** 04-24-2006 90446 001 \*\*\*150.00 1. Entity Name TOPP INVESTMENTS, INC. Principal Place of Business Mailing Address 50015000 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. 03292006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 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 Florida. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Detete ☐ Change ☐ Addition TITLE TITLE TOPP, DAVID NAME NAME STREET ADDRESS 3055 NW 84 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE TOPP, DORA NAME NAME 3055 NW 84 AVE STREET ADDRESS STREET ADDRESS MIAMI, FL 33122 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE SECRETURY Change Addition TITLE KUCK, ODALYS RUBIN NAME NAME ROBERT D! 3055 NW 84HI AVENUE STREET ADDRESS 3055 NW 84 AVE STREET ADDRESS MIAMI, FL 33122 CITY-ST-ZIP CITY-ST-ZIP MIAMÌ, FL 33155 TITLE Delete TITLE ☐ Change ☐ Addition TOPP, RISIA NAME NAME 3055 N.W. 84TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change \_ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #