

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90325 005 ***150.00

DOCUMENT # P96000086823 1. Entity Name TOPRIDE CORPORATION			
Principal Place of Business 1985 N.W. 88TH COURT SUITE 201 MIAMI, FL 33172		Mailing Address 1985 N.W. 88TH COURT SUITE 201 MIAMI, FL 33172	
2. Principal Place of Business 2601 SO. BAYSHORE DR. Suite, Apt. #, etc. 200		3. Mailing Address 2601 SO. BAYSHORE DR. Suite, Apt. #, etc. 200	
City & State COCONUT GROVE, FL		City & State COCONUT GROVE, FL	
Zip 33133		Zip 33133	
Country USA		Country USA	
6. Name and Address of Current Registered Agent ALVAREZA, VIVIAN C 1985 NW 88 CT STE 201 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> <div style="text-align: right;">Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RUBIN, JAIME 1985 N.W. 88TH COURT, SUITE 201 MIAMI, FL	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DP RUBIN, NOTA 2601 SO. BAYSHORE DR. #200 COCONUT GROVE FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVTS EDUARDO, RUBIN 1985 NW 88CT 201 MIAMI, FL 33172	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DP DVTS RUBIN, EDUARDO 2601 SO. BAYSHORE DR #200 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EDUARDO RUBIN Dir. 4/30/04 305-857-0400