


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000024053 1. Entity Name TOP REAL ESTATE INC.	
--------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1720 HARRISON STREET 6A HOLLYWOOD, FL 33020 US	Mailing Address 1720 HARRISON STREET #6A HOLLYWOOD, FL 33020
-------------------------------------------------------------------------------------	--------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



02052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0827867	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEMKE, WILLIAM C
1720 HARRISON STREET #6A
HOLLYWOOD, FL 33020

DO NOT WRITE
IN THIS SPACE

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 changing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LEMKE, WILLIAM C 1720 HARRISON STREET #6A HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S STEINBERG, HOWARD A 1720 HARRISON ST 7B HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE
IN THIS SPACE

000000222087
02/09/05-80057-017 150.00

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.

SIGNATURE: William C Lemke 2/5/05 772-713-5350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #