

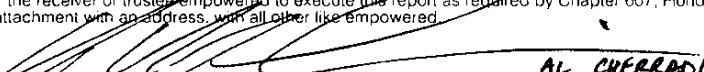


FILED
Apr 18, 2007 8:00 am
Secretary of State

400000 -

DOCUMENT # P99000082790						04-18-2007 90156 031 ***150.00																																					
1. Entity Name TOPP GROUP, INC.																																											
Principal Place of Business 3055 NW 84 AVE MIAMI, FL 33122		Mailing Address 3055 NW 84 AVE MIAMI, FL 33122				4000000000																																					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04102007 Chg-P CR2E034 (12/06)																																					
City & State		City & State				4. FEI Number 65-0980455																																					
Zip		Country		Zip		Country																																					
6. Name and Address of Current Registered Agent DEVINE GOODMAN PALLOT & WELLS, P.A. 777 BRICKELL AVENUE SUITE 850 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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																																							
<table><tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>DC TOPP, DAVID 3055 N.W. 84TH AVENUE MIAMI, FL 33122</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>P RUBIN, ROBERT 3055 NW 84 AVENUE MIAMI, FL 33122</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>CEOD RUBIN, ROBERT 3055 NW 84TH AVE. MIAMI, FL 33122</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>CFOS CHERRASI, AL 3055 NW 84 AVE MIAMI, FL 33122</td><td><input checked="" type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr></table>				TITLE NAME STREET ADDRESS CITY- ST- ZIP	DC TOPP, DAVID 3055 N.W. 84TH AVENUE MIAMI, FL 33122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P RUBIN, ROBERT 3055 NW 84 AVENUE MIAMI, FL 33122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEOD RUBIN, ROBERT 3055 NW 84TH AVE. MIAMI, FL 33122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	CFOS CHERRASI, AL 3055 NW 84 AVE MIAMI, FL 33122	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<table><tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr></table>				TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.																																											
SIGNATURE: 				Date: 4/12/07																																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date/Time Phone #																																							