


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V09912**  
 1. Entity Name  
 TOPSVILLE, INC.



Principal Place of Business      Mailing Address  
 11800 NW 102 RD      11800 NW 102 RD  
 SUITE 2      SUITE 2  
 MEDLEY, FL 33178      MEDLEY, FL 33178

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number      Applied For  
 95-3006205      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SCHERTZERT, KABAT  
 9400 S DADELAND BLVD  
 STE 603  
 MIAMI, FL 33156

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C AMIEL, MAURICE 11800 NW 102 ROAD MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHESTON, ROBERT 5801 JEFFERSON ST. WEST NEW YORK, NJ 07093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTON, TONY 5801 JEFFERSON ST. WEST NEW YORK, NJ 07093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000184984  
 01/20/05-80054-016 150.00

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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 empowerment.

SIGNATURE: Maurice Amiel      Date: 1/4/05      Daytime Phone #: 305-883-8677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR