


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

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



Principal Place of Business 11800 NW 102 RD SUITE 2 MEDLEY, FL 33178	Mailing Address 11800 NW 102 RD SUITE 2 MEDLEY, FL 33178
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**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>95-3006205</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCHERTZERT, KABAT  
 9400 S DADELAND BLVD  
 STE 603  
 MIAMI, FL 33156

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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 renating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**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 CHESTNOV, 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000592087  
 01/19/07-80048-018 150.00

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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 ~~me~~ empowered.

SIGNATURE: *Maurice Amiel* 1/5/07 305-883-8677  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #