

**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**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

95-3006205

Applied For

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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**DO NOT WRITE
IN THIS SPACE**

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maurice Amiel 1/5/07 305-883-8677