


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 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	



01032008 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 <input type="checkbox"/>	\$8.75 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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

DO NOT WRITE IN THIS SPACE

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 01/16/08-80016-006-150.00

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: Maurice Amiel 1/4/08 305-883-8777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #