2005 FOR PROFIT CORPORATION

Jan 20, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # V66733 1. Entity Name TOP TECHNOLOGY CORP. Principal Place of Business Mailing Address 9300 NW 25TH 9300 NW 25ST SUITE 103 SUITE 103 MIAMI, FL 33172 MIAMI, FL 33172 01172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0357702 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEREZ, OCTAVIO L DO NOT WRITE 9300 NW 25ST SUITE 103 IN THIS SPACE MAIMI, FL 33126 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS THE NAME PEREZ, OCATVIO L. STREET ADDRESS 9300 NW 25TH ST U00000186467 CITY-ST-ZIP MIAMI, FL 11/21/05-80053-024 150.m HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 empowered.

STREET ADDRESS CHY-ST-7/P TITLE NAME STREET ADDRESS CITY - ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED