


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # F28372
 1. Entity Name
 TMR COMPUTER INC.



Principal Place of Business 6980 SILVER OAK DRIVE MIAMI LAKES, FL 33014 US	Mailing Address 6980 SILVER OAK DRIVE MIAMI LAKES, FL 33014 US
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03072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2072593	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

DUMAN, THOMAS E
 6980 SILVER OAK DRIVE
 MIAMI LAKES, FL 33014

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

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	DPT DUMAN, THOMAS E 6980 SILVER OAK DRIVE MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUMAN, MIRIAM C 6980 SILVER OAK DRIVE MIAMI LAKES, FL 33014
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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)(f), 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: Thomas E. Duman Date: 3/7/05 Day/Time Phone #: 305 822 4456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR