


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # P93000084346		
1. Entity Name TMC CONSULTING, INC.		
Principal Place of Business 2600 SW 37TH AVENUE SUITE 901 CORAL GABLES, FL 33134 US	Mailing Address 2600 SW 37TH AVENUE SUITE 901 CORAL GABLES, FL 33134 US	



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

STANLEY J. MAGENHEIMER
2600 SW 37 AVENUE
SUITE 901
CORAL GABLES, FL 33134

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**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

1100000313287
04/18/05-80118-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGENHEIMER, S J 7787 SW 86 ST E 409 MIAMI, FL 33143
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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)(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.

SIGNATURE: Stanley J. Magenheimer STANLEY J. MAGENHEIMER 4/11/05 305-445-091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #