2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 09, 2005 08:00 AM Secretary of State DOCUMENT # F28372 1. Entity Name TMR COMPUTER INC. Principal Place of Business Mailing Address 6980 SILVER OAK DRIVE 6980 SILVER OAK DRIVE MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 US 03072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2072593 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUMAN, THOMAS E DO NOT WRITE 6980 SILVER OAK DRIVE MIAMI LAKES, FL 33014 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, typed or primed name of registered agent and file 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 TITLE NAME DUMAN, THOMAS E STREET ADDRESS 6980 SILVER OAK DRIVE CITY-ST-ZIP MIAMI LAKES, FL 33014 ---- U00000256541 TITLE 03/09/05-80018-022 150.00 NAME DUMAN, MIRIAM C STREET ADDRESS 6980 SILVER OAK DRIVE MIAMI LAKES, FL 33014 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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-fixe empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

3/7/05

305 822 4456

Daytime Phone #

FILED