2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# L04000056831

Entity Name: TOMI ENTERPRISES, LLC

Current Principal Place of Business:

1243 CYPRESS ROAD
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

114 S PALMWAY
LAKE WORTH, FL 33460 US

Current Mailing Address:

1243 CYPRESS ROAD
POMPANO BEACH, FL 33060 US

New Mailing Address:

114 S PALMWAY
LAKE WORTH, FL 33460 US

FEI Number: 80-0118356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNALL, ILENE S
101 NE THIRD AVE
SUITE 1500
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: MANGOLA, ANTHONY J
Address: 1243 CYPRESS ROAD
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: MGRM ( ) Delete
Name: FLEECS, MICHAEL
Address: 1243 CYPRESS ROAD
City-St-Zip: POMPANO BEACH, FL 33060 FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MANGOLA, ANTHONY J
Address: 114 S PALMWAY
City-St-Zip: LAKE WORTH, FL 33460 US

Title: MGRM (X) Change ( ) Addition
Name: FLEECS, MICHAEL
Address: 114 S PALMWAY
City-St-Zip: LAKE WORTH, FL 33460 FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANTHONY MANGOLA MGRM 01/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date