

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90214 042 ***150.00

DOCUMENT # P03000073995	
1. Entity Name TMCJ ENTERPRISES, INC.	



Principal Place of Business 12250 S.W. 17TH LANE APT. 106 MIAMI, FL 33175	Mailing Address 12250 S.W. 17TH LANE APT. 106 MIAMI, FL 33175
---	---

40081500



2. Principal Place of Business 1811 SW 22 Terr Suite, Apt. #, etc.	3. Mailing Address 1811 SW 22 Terr Suite, Apt. #, etc.
---	---

05012006 Chg-P CR2E034 (11/05)

City & State Cape Coral FL	City & State Cape Coral FL
Zip 33991	Zip 33991
Country Lee County	Country Lee County

4. FEI Number 73-1672429	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent PLASENCIA, TRACY A 12250 S.W. 17TH LANE APT. 106 MIAMI, FL 33175	
--	--

7. Name and Address of New Registered Agent Name Plasencia, Tracy A Street Address (P.O. Box Number is Not Acceptable) 1811 SW 22 Terr City Cape Coral FL Zip Code 33991	
---	--

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 <u>Tracy Plasencia</u> DATE <u>5/1/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
---	--

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S PLASENCIA, TRACY A 12250 S.W. 17TH LANE, APT. 106 MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PNP/AT/D Plasencia, Tracy A 1811 SW 22 Terr Cape Coral, FL 33991 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSEBERRY, MICHELLE 9860 S.W. 12 STREET PEMBROKE PINES, FL 33025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Plasencia, Mitchell 1811 SW 22 Terr Cape Coral, FL 33991 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA-TUMPSON, CHRISTINE 2780 N.E. 209TH STREET AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORING, JANET 5530 S.W. 32ND TERRACE FT. LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLASENCIA, MITCHELL 12250 S.W. 17TH LANE, #106 MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Tracy Plasencia</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>5/1/06</u> (239) 282-0809 <small>Daytime Phone #</small>