


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



05012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
1811 SW 22 Terr
 Suite, Apt. #, etc.

3. Mailing Address
1811 SW 22 Terr
 Suite, Apt. #, etc.

City & State
Cape Coral FL

City & State
Cape Coral FL

Zip Country
33991 Lee County

Zip Country
33991 Lee County

4. FEI Number
73-1672429

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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: Tracy Plasencia DATE: 5/1/06

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

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: Tracy Plasencia DATE: 5/1/06 (239) 282-0809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR