

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90020 049 ***150.00

DOCUMENT # P03000111687 1. Entity Name T.M.D. HOLDINGS, INC.					
Principal Place of Business 6501 PARK OF COMMERCE BLVD. SUITE 111 BOCA RATON, FL 33487			Mailing Address 6501 PARK OF COMMERCE BLVD. SUITE 111 BOCA RATON, FL 33487		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02252004 Chg-P CR2E034 (10/03)	
City & State Zip Country		City & State Zip Country		4. FEI Number 20-0327504 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 LACERRA, DOUGLAS 2140 NE 30TH STREET LIGHTHOUSE POINT, FL 33064	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____	
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees				FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME LACERRA, DOUGLAS STREET ADDRESS 2140 NE 30TH STREET CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ST <input type="checkbox"/> Delete NAME LACERRA, CHRISTINA STREET ADDRESS 2140 NE 30TH STREET CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE V <input type="checkbox"/> Delete NAME WOONTON, MARC STREET ADDRESS 301 CONGRESSIONAL WAY CITY-ST-ZIP DEERFIELD BEACH, FL 33442			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Douglas Lacerra 2-27-04 561-999-8907 <small>Date Daytime Phone #</small>		