
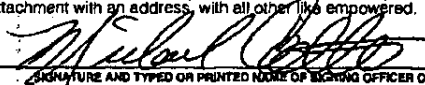


2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/9/2004-90005-011-\$150.00-\$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 14 AM 8:00

DOCUMENT # P03000135437			
1. Entity Name TMC - CODA, INC.			
Principal Place of Business 5165 N.E. 19TH AVENUE POMPANO BEACH, FL 33064		Mailing Address 5165 N.E. 19TH AVENUE POMPANO BEACH, FL 33064	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent COTTEC, MICHAEL 5165 N.E. 19TH AVENUE POMPANO BEACH, FL 33064		5. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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	D COTTEC, MICHAEL 5165 N.E. 19TH AVENUE POMPANO BEACH, FL 33064 <input 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
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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 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: 		9-7-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



54072140

09072004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0382753 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

MRS

Attachment
524072140

292

TMC-CODA, INC.
5165 N.E. 19TH AVENUE
POMPANO BEACH, FL 33064

September 7, 2004

TO: FLORIDA DEPARTMENT OF STATE

RE: F03000135437

I DID NOT RECEIVE THE ORIGINAL POSTCARD FOR FILING THE ANNUAL REPORT.

I AM ENCLOSING MY SIGNED ORIGINAL ANNUAL REPORT WITH A CHECK IN THE
AMOUNT OF \$150.00, AS PER YOUR INSTRUCTIONS.

THANK YOU



MICHAEL COTTEC