DOCUMENT # P03000135437  L. Erstin, Name TMC - CODA, INC.    Mailting Address   S165 N.E. 191H AVENUE   S165 N.E. 191H AVENUE	2004 FOR PROFIT CORPORATION . ANNUAL REPORT					9/9/20	04-90005-011-\$150.00-\$150.00	
SISS NE. 19TH AVENUE POMPAND BEACH, FL. 33064  7. Principal Pauce of Business  3. Matting Address  4. Fel Number  7. Manus and Address of Current Registered Agent  COTTEC, MICHAEL  516S NE. 19TH AVENUE  FOMPAND BEACH, FL. 33064  3. The above resteed entire submits this satisfament for the purpose of changing its registered office or registered agent, or both, in the State of Florids, I am familiar with, and accept the purposes of changing its registered office or registered agent, or both, in the State of Florids, I am familiar with, and accept the purposes of changing its registered diffice or registered agent, or both, in the State of Florids, I am familiar with, and accept the purposes of changing its registered office or registered agent, or both, in the State of Florids, I am familiar with, and accept the purposes of changing its registered office or registered agent, or both, in the State of Florids, I am familiar with, and accept the purposes of changing its registered office or registered agent, or both, in the State of Florids, I am familiar with, and accept the purposes of changing its registered office or registered agent, or both, in the State of Florids, I am familiar with, and accept the purposes of changing its registered office or registered agent, or both, in the State of Florids, I am familiar with, and accept the purposes of changing its registered office or registered agent, or both, in the state of Florids, I am familiar with, and accept the purposes of changing its registered office or registered agent, or both, in the state of Florids, I am familiar with, and accept the purposes of changing its registered agent, or both, in the state of Florids, I am familiar with, and accept agent and accept agent a	1. Entity Nam	MENT # P03000135					SECRETARY OF STATE DIVISION OF CORPORATIONS  04 OCT 14 AM 8:00	
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Zip Country Zip Country s. Contracts of Status Desired Desi	Suite, Apt. #, etc. ;		Suite, Apt. #, etc.		·· · · · · · · · · · · · · · · · · · ·	09072004	Chg-P CR2E034 (10/03) MR	
Second Country   Zip   Country   S. Certificate of Status Desired   Set Regulation   Set	City & State		City & State			0		
8. Name and Address of Current Registered Agent   Name   Name	Zip Country		Zip Countr		ntry		of Status Desired S8.75 Additional	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	<del></del>	6. Name and Address of Current	Registered Agent	<u></u>	<u> </u>	7. Name and		
Sireet Address (P.O. Box Number is Not Acceptable)  City FL Ziro 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  Signature, lipsed or prince/name of registered agent with a frequency.  FILE NOWIII FEE IS \$550.00  Due by September 8, 2004  9. Election Campaign Financing Trust Fund Contribution.  Address of Power and the frequency agent with a frequency.  Address of Power and the frequency agent with a frequency.  FILE NOWIII FEE IS \$550.00  Due by September 8, 2004  9. Election Campaign Financing Trust Fund Contribution.  Address of Power and the frequency and the frequency.  Address of Power and the frequency and the frequency and the frequency and the frequency.  The Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE WAVE SIRET ADDRESS 5165 N.E. 1911 AVENUE GITH-ST-2P  FOMPANO BEACH, FL 33064  TITLE  Deate  TITLE					Name			
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    Signature   Gent or performance of registered agent and the if registered.   Port Emphased Agent agent and security and accept the obligations of registered agent.    File NowIII   FEE IS \$550.00     Due by September 8, 2004   9. Election Compasign Financing   \$5.00 May Bin Addition for Fees	- 5165 N.E. 19TH AVENUE				Street Address (P.O. Box Number is Not Acceptable)			
B. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE	POMPANO	J BEACH, FL 33064	•					
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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