2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# P06000111413

Entity Name: TMR SELECT SERVICES, INC.

Current Principal Place of Business:

640 LEMONWOOD CT.
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

640 LEMONWOOD CT.
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 20-5454784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUNIZ, WALTER O
640 LEMONWOOD CT.
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

RAMOS, FRANKLIN A
776 OSPRAY NET POINT
SANFORD, FL 32773 US

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.

SIGNATURE: FRANKLIN RAMOS 06/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: CRUZ, ROSARIO
Address: 640 LEMONWOOD CT.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: P ( ) Delete
Name: MUNIZ, WALTER
Address: 640 LEMONWOOD CT.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RAMOS, FRANKLIN A
Address: 776 OSPRAY NET POINT
City-St-Zip: SANFORD, FL 32773 US

Title: VP (X) Change ( ) Addition
Name: MUNIZ, WALTER O
Address: 640 LEMONWOOD CT.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VP ( ) Change (X) Addition
Name: CRUZ, ROSARIO
Address: 640 LEMONWOOD CT.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANKLIN RAMOS P 06/15/2009
Electronic Signature of Signing Officer or Director Date