2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078050

Entity Name: TMJ COMMERCIAL SERVICES & CO., INC

5064 LANTANA ROAD APT 6104

LAKE WORTH, FL 33463

Address: City-St-Zip: FILED Jan 18, 2009 Secretary of State

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Current Principal Place of Business:			New Princip	New Principal Place of Business:		
5064 LANTANA ROAD APT 6104 LAKE WORTH, FL 33463				1425 PIAZZA DELLE PALLOTTOLE BOYNTON BEACH, FL 33426		
Current M	lailing Addres	ss:	New Mailing	New Mailing Address:		
5064 LANTANA ROAD APT 6104 LAKE WORTH, FL 33463				1425 PIAZZA DELLE PALLOTTOLE BOYNTON BEACH, FL 33426		
FEI Number	: 38-3760382	FEI Number Applied For()	FEI Number Not Applica	able () Certificate of Status Desi	red ()	
Name and	Address of (Current Registered Agent:	Name and A	Name and Address of New Registered Agent:		
5064 LAŃ	THOMETRIUS TANA ROAD A RTH, FL 3346	NPT 6104	1425 PIÁZZA	MOORE, THOMETRIUS 1425 PIAZZA DELLE PALLOTTOLE BOYNTON BEACH, FL 33426 US		
	named entity e of Florida.	submits this statement for the	purpose of changing its	registered office or registered agen	t, or both,	
SIGNATU	RE:			01/18/2009		
	Electro	nic Signature of Registered Ag	ent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MOORE, THO	ROAD APT 6104	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MOORE, THO	ROAD APT 6104	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	S (MOORE, THOM) Delete ⁄IETRIUS	Title: Name:	() Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: THOMETRIUS MOORE O./D 01/18/2009