

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000015916

Entity Name: T.J.M. TAX SERVICES, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

13345 NW 17 COURT
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 540647
OPA LOCKA, FL 33054

New Mailing Address:

13345 NW 17 COURT
MIAMI, FL 33167

FEI Number: 26-2104691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROUSSARD, LAKESHIA S
13345 NW 17 COURT
MIAMI, FL 33167 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROUSSARD, LAKESHIA S
Address: 13345 NW 17 COURT
City-St-Zip: MIAMI, FL 33167

Title: VP () Delete
Name: MCMULLEN, THURMAN J III
Address: 13345 NW 17 COURT
City-St-Zip: MIAMI, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAKESHIA BROUSSARD

P

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date