

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90850 018 \*\*\*150.00

DOCUMENT # P96000001143

1. Entity Name  
TJM CO.



Principal Place of Business  
7461 NORTHWEST 4TH STREET  
PLANTATION, FL 33317-2216

Mailing Address  
7461 NORTHWEST 4TH STREET  
PLANTATION, FL 33317-2216

40093659



2. Principal Place of Business - No P.O. Box #  
9875 Fairway Cove Lane

3. Mailing Address  
9875 Fairway Cove Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272007 Chg-P CR2E034 (12/06)

City & State  
Plantation, FL

City & State  
Plantation, FL

4. FEI Number  
65-0635951

Applied For

Not Applicable

Zip  
33324-2823

Country  
USA

Zip  
33324-2823

Country  
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARANO, M A  
7461 NORTHWEST 4TH STREET  
PLANTATION, FL 33317-2216

Name

Street Address (P.O. Box Number is Not Acceptable)  
9875 Fairway Cove Lane

City  
Plantation

FL

Zip Code  
33324

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

*M. A. Harano*

(address change only)

4/27/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$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  
PST  
HARANO, M A  
7461 NORTHWEST 4TH STREET  
PLANTATION, FL 333172216 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
9875 Fairway Cove Lane  
Plantation, FL 33324-2823 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE  
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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*M. A. Harano*

M. A. Harano

4/27/07

954-587-5445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #