

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000029673

Entity Name: TOMEK, INC.

FILED
Sep 10, 2007
Secretary of State

Current Principal Place of Business:

3537 N.W. 115TH AVENUE
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

3537 N.W. 115TH AVENUE
DORAL, FL 33178

New Mailing Address:

6017 PINE RIDGE RD. # 335
NAPLES, FL 34119

FEI Number: 65-0688230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZEINDLER, HEIDI
3537 N.W. 115TH AVENUE
DORAL, FL 33178 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZEINDLER, HEIDI
Address: 3537 N.W. 115TH AVENUE
City-St-Zip: DORAL, FL 33178

Title: VSTD () Delete
Name: ZEINDLER, THOMAS
Address: 3537 N.W. 115TH AVENUE
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZEINDLER, THOMAS
Address: 6017 PINE RIDGE RD. # 335
City-St-Zip: NAPLES, FL 34119

Title: VSTD (X) Change () Addition
Name: ZEINDLER, HEIDI
Address: 6017 PINE RIDGE RD. #335
City-St-Zip: NAPLES, FL 34119

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: THOMAS ZEINDLER

P

09/10/2007

Electronic Signature of Signing Officer or Director

Date