


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000000328</b> 1. Entity Name <b>MESSIANIQUE TRAINING CENTER AND INSTITUTE, INC.</b>	
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Principal Place of Business <b>5420 NO STATE ROAD 7 FORT LAUDERDALE, FL 33319</b>	Mailing Address <b>5420 NO STATE ROAD 7 FORT LAUDERDALE, FL 33319</b>
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03232004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>31-1539751</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>VALBRUN, JOSEPH 520 NW 5TH STREET HALLANDALE, FL</b>
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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	DATE <b>03/25/04-80012-016 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD VALBRUN, JOSEPH 5420 NO STATE ROAD 7 FORT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD VALBRUN, MARYSE 5420 NO STATE ROAD 7 FORT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD BAPTISTE, BETTY 519 FOSTER RD HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P VALBRUN, JOSEPH 5420 N STATE RD. SEVEN FT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP VALBRUN, MARYSE 5420 N STATE RD. SEVEN FT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T PABTISTE, BETTY J 519 FOSTER RD. HALLANDALE, FL 33009

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, even an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>2/23/04 (954) 454-5348</b> Date Daytime Phone
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