

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000070404 1. Entity Name FLASH MESSENGER SERVICE, INC.	
---	---

Principal Place of Business 9930 COLONIAL DRIVE MIAMI, FL 33157	Mailing Address 9930 COLONIAL DRIVE MIAMI, FL 33157
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GARCIA, JORGE C 13287 NW 9TH LANE MIAMI, FL 33182
--

	
04232004	No Chg-P CR2E034 (10/03)
4. FEI Number 65-1023210	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE 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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PRADO, DORIS M 9930 COLONIAL DRIVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000132440 04/27/04-80047-003 150.00 DO NOT WRITE 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)(f), 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: *[Signature]* 4/23/04 (305) 278-8735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #