


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90075 015 ***150.00

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DOCUMENT # P01000092391 1. Entity Name MESSAGE IT AWAY, INC.					
Principal Place of Business 6911 MAIN ST. #115 MIAMI LAKES, FL 33014			Mailing Address 6911 MAIN ST. #115 MIAMI LAKES, FL 33014		
2. Principal Place of Business 15579 Miami Lakeway N		3. Mailing Address 15579 Miami Lakeway N			
Suite, Apt. #, etc. #108		Suite, Apt. #, etc. #108			
City & State Miami Lakes FL.		City & State Miami Lakes FL.			
Zip 33014		Country U.S.A.		4. FEI Number 65-1139523	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, JESSICA LYNN 5658 WEST 17TH LANE HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name Sanchez, Jessica Lynn Street Address (P.O. Box Number is Not Acceptable) 15579 Miami Lakeway N #108 City Miami Lakes FL Zip Code 33014		
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SANCHEZ, JESSICA LYN 6911 MAIN ST. #115 MIAMI LAKES, FL 33014		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jessica Lyn Sanchez 15579 Miami Lakeway N #108 Miami Lakes FL. 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <i>Jessica Sanchez</i>			3-14-05 1305283-3666		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		