



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90018 020 ***150.00

DOCUMENT # P01000092391					
1. Entity Name MESSAGE IT AWAY, INC.					
Principal Place of Business 6001 NW 153RD STREET STE 201 MIAMI LAKES, FL 33014			Mailing Address 6183 MIAMI LAKES DR MIAMI LAKES, FL 33014		
2. Principal Place of Business - No P.O. Box # 16055 N.W. 64 AVE		3. Mailing Address 16055 N.W. 64 AVE			
Suite, Apt. #, etc. APT # 115		Suite, Apt. #, etc. APT # 115			
City & State MIAMI LAKES FL		City & State MIAMI LAKES FL			
Zip 33014		Zip 33014			
Country U.S.A		Country U.S.A		02182008 Chg-P CR2E034 (12/06)	
4. FEI Number 65-1139523				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, JESSICA LYNN 15579 MIAMI LAKEWAY N STE 108 MIAMI LAKES, FL 33014			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P SANCHEZ, JESSICA L 16055 NW 64 AVE #115 MIAMI LAKES, FL 33014 <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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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-20-08 1305 283-3666 <small>Date Daytime Phone #</small>		