2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 8:00 am Secretary of State

DOCUMENT # P02000085600 1. Entity Name ADVANCED MESSENGER SERVICES, INC.					04-11-2005 90140 041 ***150.00			
l '	ce of Business	Mailing Address						
9106 NW 19 MIAMI, FL 3		9106 NW 193 ST MIAMI, FL 33018						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MINIMI, EL 33010		4 488 ((0 41)))	PENG NEN PRIN 2214	((1	
2. Principal 1	Place of Business W 845+#6	3. Mailing Address	845	Tree				
Suite, Apt. #, etc. Hialog h H Suite Apt. #, etc.			,	03152005	Chg-P	CR2E034 (10/03)		
City & Sta	te	Hia leah	Fl.	4. FEI Numbe			oplied For	
330	18 Country A	33018	USA .		of Status Desired	S8.75 Add	ditional	
	6. Name and Address of Current F	Registered Agent	Namo	7. Name and	Address of New R	egistered Agent		
GUZMAN, FIDEL								
9106 NW MIAMI, FL			Street Adi	treet Address (P.O. Box Number is Not Acceptable)				
·			City			FL Zip Code	1	
8. The above the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing its reg	istered office or r	egistered agent, or bot	h, in the State of Flo	rida. I am familiar with,	and accept	
SIGNATURE.	Statura, Solo or printed name of registered agent as	元シe(GUZM gistered Agent signature	e required when reinstating)		3/15/05 DATE		
FIL After M	.E NOW!!! FEE IS \$150.00 lay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees		91940		
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTORS	S IN 11	
TITLE NAME	P GUZMAN, FIDEL	☐ Delele	TITLE &	Fidel GUZ	man	☐ Change	☐ Addition	
STREET ADDRESS	13700 SW 52ND STREET		STREET ADDRESS		man 5			
CITY-ST-ZIP •	MIRAMAR, FL 33027			Mirama	c Fl 33			
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY+ST-ZIP TITLE		Delete	CITY+ST-ZIP THTLE			☐ Change	Addition	
NAME		L.J. Delete	NAME			□ cuede	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME			time of the second		
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME SYREET ADDRESS			_ •		
STREET ADDRESS: CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Ociete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				-	
CITY-ST-ZIP		ĺ	CITY-ST-ZIP					
12. I hereby of the cor	certify that the information supplied with to an this report or supplemental report is to protation or the receiver of trustee empoyers.	his filing does not qualify for the true and accurate and that my s	exemption stated	d in Section 119.07(3)(i te the same legal effect ter 607. Florida Statuta), Florida Statutes. I as if made under o	further certify that the in ath; that I am an officer	formation or director	

changed, or on an attachment with an address, with all other like empowered.