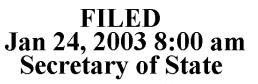
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000099442 DOCUMENT # 1. Entity Name MESSIAH ENTERPRISES INC. Principal Place of Business Mailing Address 2750 W. 68TH ST. 2750 W. 68TH ST. SUITE 111 SUITE 111



01-24-2003 90095 020 ***150.00

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2. Principal Place of Business り750 w 68 ১ 「		3. Mailing Address 2750 W 68 ST				1811 88 11 0 18 110 18111 18181	91019 (EB) (BB)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		İ	CHECK HERE IF N	MAKING CHANGES	;	
City & Stat	ie .	City & State			FEI Number		pplied For	
HIAL		HTALEAH	FC	7.	76-0712716		ot Applicable	
Zip	016 Country	33016	Country -	ŝ.	Certificate of Status Desired	□ \$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Regis	stered Agent		
			Name					
RAMOS, BARBARA				Street Address (P.O. Box Number is Not Acceptable)				
62 FLAGLER DR.				Gircel Address (1.0. box Number is Not Acceptable)				
MIAMI SPRINGS FL 33166								
				City FL Zip Code				
	named entity submits this statement folions of registered agent.	or the purpose of changing its re	egistered office or	registered a	gent, or both, in the State of Florida	ı. I am familiar with,	, and accept	
SIGNATURE .								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signatu	ire required when	reinstating)	DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State			9. Election Campaign Financ Trust Fund Contribution.		00 May Be od to Fees	
10.	OFFICERS AND	DIRECTORS	11.	A	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RAMOS, BARBARA 62 FLAGLER DR. MIAMI SPRINGS FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBE	-PRESIDENT RT RAMOS -LAGLER DR 47 SPRINGS PL	Change	, Addition	
TITLE		Delete	TITLE		-11 -11 -111-11	☐ Change	☐ Addition	
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CITY-ST-ZIP	- 844	 	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME Street address		•	NAME STREET ADDRESS	•			1	
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TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME		T Delate	NAME			ondrige		
STREET ADDRESS			STREET ADDRESS			•	-	
CITY-ST-ZIP		J	CITY-ST-ZIP				{	
12 I hereby c	certify that the information supplied with	this filing does not qualify for th	ne evernation stat	ed in Section	119 07/3\/i) Florida Statutes Lfurt	ther certify that the i	information	

indicated on this report or supplied with this hing does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Turther 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:

Daytime Phone #