

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052004 Chg-P CR2E034 (10/03) 04

DOCUMENT # P03000031441					
1. Entity Name MESSAGE BY APPOINTMENT, INC.					
Principal Place of Business 160 N.W. 176TH STREET 305 MIAMI, FL 33176			Mailing Address 160 N.W. 176TH STREET 305 MIAMI, FL 33176		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MATHIEU, SHIRLEY 11 N.E. 206TH TERRACE MIAMI, FL 33179				Name <i>Shirley Mathieu</i> Street Address (P.O. Box Number is Not Acceptable) <i>9351 East Heather Lane</i> City <i>MIRAMAR</i> FL Zip Code <i>33025</i>	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, CAROLINE		NAME	<i>Shirley Mathieu</i>	
STREET ADDRESS	10760 S.W. 150TH TERRACE		STREET ADDRESS	<i>9351 East Heather Lane</i>	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	<i>MIRAMAR FL 33025</i>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHIEU, SHIRLEY		NAME	<i>Price Jules</i>	
STREET ADDRESS	11 N.E. 206TH TERRACE		STREET ADDRESS	<i>10525 N.W. 6AVE</i>	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	<i>MIAMI FL 33150</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Shirley Mathieu</i>			01-06-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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