

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000039406

1. Entity Name
ADVANCED MESSAGE, INC.



FILED

04 JUN 10 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

Principal Place of Business
4070 CACTUS LANE
MT. DORA, FL 32757

Mailing Address
4070 CACTUS LANE
MT. DORA, FL 32757

2. Principal Place of Business
: 6255 Barfield Rd
STE 110

3. Mailing Address
P.O. Box 28039



06072004 Chg-P CR2E034 (10/03)

City & State
ATLANTA GA
Zip 30328 Country USA

City & State
ATLANTA GA
Zip 30358 Country USA

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAH, MARIA
4070 CACTUS LANE
MT. DORA, FL 32757

7. Name and Address of New Registered Agent

Name David Hernandez
Street Address (P.O. Box Number is Not Acceptable)
3000 N. UNIVERSITY DR STE E
City Coral Springs FL Zip Code 33065

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 6-7-04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete
NAME CHAH, MARIA
STREET ADDRESS 4070 CACTUS LANE
CITY-ST-ZIP MT. DORA, FL 32757

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 28039
CITY-ST-ZIP ATLANTA, GA 30358

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/7/04

Daytime Phone #