
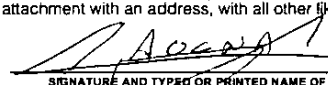


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000091291</b> 1. Entity Name <b>TRAFFICWAY MESSENGER INC.</b>						<b>FILED</b> <b>08 APR 10 PM 12:50</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>451 NW 12TH STREET</b> <b>MIAMI, FL 33126</b>				Mailing Address <b>9500 NW 79TH AVE.</b> <b>STE 6</b> <b>HALEAH, FL 33016</b>			
2. Principal Place of Business - No P.O. Box # <b>5209 NW 74 AVE</b>				3. Mailing Address <b>same</b>			
Suite, Apt. #, etc. <b>Ste: 202</b>				Suite, Apt. #, etc. 			
City & State <b>Miami, FL</b>				City & State 			
Zip <b>33166</b>		Country 		Zip 		Country 	
6. Name and Address of Current Registered Agent  <b>FERNANDEZ, MERCEDES</b> <b>451 NW 12TH STREET</b> <b>MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name 			
				Street Address (P.O. Box Number is Not Acceptable) 			
				<b>5209 NW 74 AVE. Ste: 202</b>			
				City <b>Miami</b> <span style="float: right;">FL Zip Code <b>33166</b></span>			
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 _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>FERNANDEZ, MERCEDES</b> <b>451 NW 12TH STREET</b> <b>MIAMI, FL 33126</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPID</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5209 NW 74 AVE. Ste: 202</b> <b>Miami, FL 33166</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PID</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Reinaldo R. Casana</b> <b>5209 NW 74 AVE. Ste: 202</b> <b>Miami, FL 33166</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700122564867</b> <b>04/08/08--01021--012 **150.00</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Reinaldo R. CASANA (PID)**  
Date

Daytime Phone #

7C 4/10