2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

DOCUMENT # P06000025375 1. Entity Name J.N. MESSENGER SERVICE, INC.						04-16	-2007 90328	3 022 ***	50.00
Principal Plac	ce of Business	Mailing Address			-				
988 W 80TH PLACE		988 W 80TH PLACE				and the state of			
HIALEAH, FL 33014		HIALEAH, FL 33014							
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt, #, etc.			04122007	Chg-P	CR2E	034 (12/06)	
City & State		City & State			4. FEI Numb	er 20 -	4347	/ <i>///</i>	oplied For ot Applicable
Zip	Country	Zip	Count	ry	5. Certificate	of Status Des	ired 🗌	\$8.75 Add Fee Require	
<u> </u>	6. Name and Address of Current			Name of	7. Name and	Address of I	lew Registered	Agent	
TAX DEFENSE CENTER, INC. Please Delete			e	Name Ja	vier	NOa	,		
				Street Address (P.O. Box Numb	er is Not Acce	ptable)		
#18 This Company,				000	1. 100-	80th	Maga		
NEW? CORRECT 7				708	wesi	80	Place		
NEW CORRECT			City Hid	<i>ileah</i>		FL	Zip Cod	3014.	
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									
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution Added to Fees									
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO	OFFICERS AN	DIRECTOR	
NAME	P NOA JAWIED	Oelele NOA, JAVIER						☐ Change	Addition
STREET ADDRESS	988 W 80TH PLACE		NAME STREE	T ADDRESS					
CITY ST-ZIP	HIALEAH, FL 33014			S1-ZIP					
MILE	☐ Delete		TITLE	ĺ				☐ Change	Addition
NAME			NAME	i					
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					
TITLE									C Address
NAME			TITLÉ NAME	i				☐ Change	Addition
STREET ADDRESS				T ADDRESS					
CHY-S1-ZIP			CITY-	S1-Z₽					
TITLE	☐ Detete 111							☐ Change	Addition
NAME			NAME						
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INTE	☐ Deleie TIIL					<u></u>	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
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STREET ADDRESS	■ -			TADDRESS					
CiTY-ST-ZIP				\$1-ZIP				 -	
FITLE	☐ Delete Tift							Change	Addition
NAME STREET ADDRESS			NAME	T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
12. I hereby of indicated	certify that the information supplied with lon this report or supplemental report in	n this filing does not qualify for s true and accurate and that m	the exe	mptions contained ure shall have the	I in Chapter 11s	9, Florida Statu ct as if made u	ites. I further cer	tify that the in	nformation or director

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 PRINT

MATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/12/2007

786-239-7757

Daytine Phone #