


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90421 038 ****50.00

DOCUMENT # L05000013215	
1. Entity Name FAST PIZZA LLC	

Principal Place of Business 989 SW 4 STREET MIAMI, FL 33130 US	Mailing Address 989 SW 4 STREET MIAMI, FL 33130 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 20-2313974	Applied For Not Applicable
Zip	Country	Zip	Country

04072007 Chg-LLC CR2E083 (12/06)

60050637



6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HERNANDEZ, CARLOS A 989 SW 4 STREET MIAMI, FL 33130		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

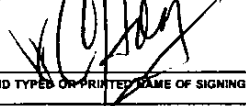
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ, CARLOS A 989 SW 4 STREET MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Carlos Hernandez** **4/16/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

60050637

#L05000013215

I never received the
notice to renew.

My tax preparer
just notified me of the
penalty responsibility.
Please waive penalty.
Thank You