## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 14, 2008 08:00 A Secretary of State **DOCUMENT # P05000151173** 1. Entity Name RASS FAST PALLET INC. ZON A ALL SOUNTS MALE Principal Place of Business Mailing Address 4214 NW 11PLACE -- ... -4214 NW 11PLACE MIAMI, FL 33127 MIAMI, FL 33127 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3828758 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SEBASTIAN, RAQUEL 4214 NW 11 PLACE MIAMI, FL 33127 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable ... (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 ☐ - Added to Fees Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 10. \_\_\_\_ OFFICERS AND DIRECTORS TILLE SEBASTIAN, RAQUEL · NAME 4214 NW 11 PLACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33127 U00000781764 01/15/08-80048-005 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME . STREET ADDRESS CITY-ST-ZIP "" TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**