


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90031 027 ***158.75

DOCUMENT # P06000076685

1. Entity Name
FAST MAINTENANCE SOLUTIONS, INC.



Principal Place of Business Mailing Address
~~6854 NW 173 DRIVE # 203~~ ~~6854 NW 173 DRIVE # 203~~
~~MIAMI, FL 33015 US~~ ~~MIAMI, FL 33015 US~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
6854 NW 173 DR. #203 **P.O. Box 441966**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, FLORIDA **Miami, FL**
 Zip Country Zip Country
33015 **Miami-DADE** **33144-1966** **miami-dade**



6. Name and Address of Current Registered Agent
MELENDEZ, JUAN
6854 NW 173 DRIVE, # 203
MIAMI, FL 33015

4. FEI Number Applied For
20-4968659 Not Applicable

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

7. Name and Address of New Registered Agent
 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:  DATE: **7/23/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!! FEE IS \$150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	MELENDEZ, JUAN C
STREET ADDRESS	6854 NW 173 DRIVE # 203
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	V <input type="checkbox"/> Delete
NAME	LARIOS, ALDA
STREET ADDRESS	5879 SW 61 ST.
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 of 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:  DATE: **07/23/07** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR