

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90145 024 \*\*\*150.00

069926 AB

**DOCUMENT # F02000005276**

1. Entity Name  
**TRIMFAST GROUP, INC.**



Principal Place of Business  
**6100 NEIL ROAD, SUITE 500  
RENO NV 89511**

Mailing Address  
**6100 NEIL ROAD, SUITE 500  
RENO NV 89511**



2. Principal Place of Business

**10 Fairway Drive**

Suite, Apt. #, etc.

**# 139**

City & State

**Deerfield Beach FL**

Zip

**33441**

Country

**USA**

3. Mailing Address

**10 Fairway Dr.**

Suite, Apt. #, etc.

**# 139**

City & State

**Deerfield Beach FL**

Zip

**33441**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

**32-0038621**

4. FEI Number

**88-0367136**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MAGNO, MIKE**

**10 FAIRWAY DRIVE SUITE 208 139**

**DEERFIELD BEACH FL 33441**

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

*Michael Magno*  
Signature, typed or printed name of registered agent and title if applicable.

**MICHAEL MAGNO**

(NOTE: Registered Agent signature required when reinstating)

**4/8/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>MASSEY, ROBERT</b>	
STREET ADDRESS	<b>222 WEST LAS TUNAS DRIVE</b>	
CITY-ST-ZIP	<b>SAN GABRIEL CA 91776</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CRAIG, CLYDE A</b>	
STREET ADDRESS	<b>1004 DOS ROBLES PLACE</b>	
CITY-ST-ZIP	<b>ALHAMBRA CA 91801</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MAGNO, MIKE</b>	
STREET ADDRESS	<b>10 FAIRWAY DRIVE SUITE 208</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>	
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Massey, Robert</b>	
STREET ADDRESS	<b>222 West Las Tunas Dr</b>	
CITY-ST-ZIP	<b>San Gabriel CA 91776</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Craig, Clyde A</b>	
STREET ADDRESS	<b>1004 Dos Robles Place</b>	
CITY-ST-ZIP	<b>Alhambra CA 91801</b>	
TITLE	<b>DPTS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGNO, Mike</b>	
STREET ADDRESS	<b>10 Fairway Dr # 139</b>	
CITY-ST-ZIP	<b>Deerfield Beach FL 33441</b>	
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		
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 exemption stated in Section 119.07(3)(i), 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:

*Michael Magno*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL MAGNO 4/8/03**

Date

Daytime Phone #

**954-531-6247**

CR2E034 (10/02)