2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F42770

1. Entity Name
FASTER, INC.

Principal Place of Business	Mailing Address
7575 NW 70TH ST. MIAMI, FL 33166	7575 NW 70TH ST. MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

03272007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2131527	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KAHAN, ALBERTO
7575 NW 70TH STREET
MIAMI, FL 33166

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	KAHAN, ALBERTO
STREET ADDRESS	15579 MIAMI LAKEWY N208
CITY-ST-ZIP	MIAMI LAKES, FL

TITLE	ST
NAME	KAHAN, FANNY
STREET ADDRESS	15579 MIAMI LAKEWY N208
CITY-ST-ZIP	MIAMI LAKES, FL 33014

TITLE	
NAME	
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CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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05/18/07-80032-014 150.00

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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: _Bob Hadari_ FANNY KAHAN 04-25-07   305-558-7788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #