


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K54732</b> 1. Entity Name <b>FAST BOATS, INC.</b>	
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Principal Place of Business <b>116 GAVILAN AVENUE MIAMI, FL 33143 US</b>	Mailing Address <b>116 GAVILAN AVENUE MIAMI, FL 33143 US</b>
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02152008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0091691</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MARQUEZ, LIONEL JR  
116 GAVILAN AVENUE  
MIAMI, FL 33143**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000879565 04/15/08-80025-010 158.75</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MARQUEZ, LIONEL, JR. 116 GAVILAN AVENUE MIAMI, FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARQUEZ, MARGARET 116 GAVILAN AVENUE MIAMI, FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST MARQUEZ, MARGARET 116 GAVILAN AVENUE MIAMI, FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **3-29-08** **305 794 3314**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #