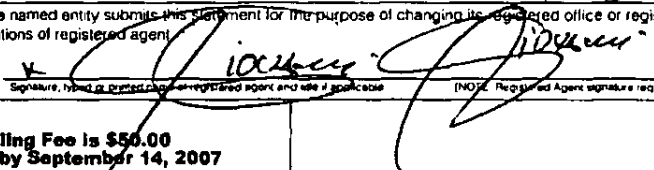
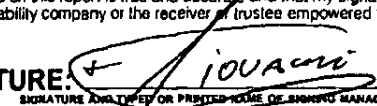


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

507248900245
8/29/2007-90039-033-\$50.00-\$50.00

DOCUMENT # L06000019764			
1. Entity Name FAST SOLUTIONS LLC.			
Principal Place of Business 5117 SW 122 TERRACE COOPER CITY, FL 33330 US		Mailing Address 5117 SW 122 TERRACE COOPER CITY, FL 33330 US	
2. Principal Place of Business - No P.O. Box # 1740 SW 119th Terrace		3. Mailing Address 1740 SW 119th Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Dania, Florida		City & State Dania, Florida	
Zip 33325		Zip 33325	
Country		Country	
4. FEI Number 26-0685322		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent YEPES, EDGAR G 5117 SW 122 TERRACE COOPER CITY, FL 33330		7. Name and Address of New Registered Agent Name: EDGAR G Yepes Street Address (P.O. Box Number is Not Acceptable) 1740 SW 119th Terrace City: Dania FL Zip Code: 33325	
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	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YEPES, SANDRA 5117 SW 122 TERRACE COOPER CITY, FL 33330 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBLEDO, CAROLINA 5117 SW 122 TERRACE COOPER CITY, FL 33330 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Robledo, Carolina 1740 SW 119th Terrace Dania, FL 33325 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YEPES, EDGAR 5117 SW 122 TERRACE COOPER CITY, FL 33330 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Yepes, Edgar 1740 SW 119th Terrace Dania, FL 33325 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		REINSTATEMENT 2007	
SIGNATURE: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -5 AM 9:26



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