FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90179 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

00007046

DOCUMENT # L68735

1. Entity Name
FAST AUTOMOTIVE SYSTEMS TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
6619 S DIXIE HWY #350 MIAMI, FL 33143-7919	~~P.O. BOX 52-1266~~ ~~MIAMI, FL 33152-1266 US~~

2. Principal Place of Business		3. Mailing Address	
		PO BOX 56-6537	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: MIAMI, FL	
Zip	Country	Zip: 33256-6537	Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0189829 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLAZABAL, JORGE L. 6619 S DIXIE HWY #350 MIAMI, FL 33143-7919	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
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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD OLAZABAL, JORGE 6619 S. DIXIE HWY, #350 MIAMI, FL 331437919	☐ 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	V[illegible] MARTIN-OLAZABAL, MAYDA 6619 S. DIXIE HWY, #350 MIAMI, FL 33143-7919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature], PRESIDENT JORGE OLAZABAL, 4/15/2003 740-3394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #