


FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90116 030 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000116570

1. Entity Name
FAST GENERAL SERVICE, INC



Principal Place of Business Mailing Address
 318 INDIAN TRACE #332 318 INDIAN TRACE #332
 WESTON, FL 33326 WESTON, FL 33326

2. Principal Place of Business 3. Mailing Address
2700 GLADES CIRCLE **2700 GLADES CIRCLE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
C-137 **C-137**

City & State City & State
WESTON, FL **WESTON, FL**

Zip Country Zip Country
33327 **U.S.A.** **33327** **U.S.A.**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
GLOBAL BUSINESS SOLUTIONS GROUP CORP.
5440 STATE ROAD 7 SUITE 221
FORT LAUDERDALE, FL 33319

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

I, 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 installing)

FILING FEE: \$150.00
After May 1, 2003 Fee will be \$500.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD ARAUJO, MERCEDES I 318 INDIAN TRACE #332 WESTON, FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MERCEDES I ARAUJO 2700 GLADES CIRCLE SUITE # C-137 WESTON, FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CFR2E034 (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)(1), 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: MERCEDES ARAUJO Date: 03-25-03 Daytime Phone #: (914) 384-4880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR