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

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91887 024 ***150.00

DOCUMENT # P01000076907

1. Entity Name
CARFAST INC.

90129327

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3501 NW 71 ST	3501 NW 71 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33147 / Country: USA	Zip: 33147 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — [X] Applied For [ ] Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RAQUEL GUZMAN

Street Address (P.O. Box Number is Not Acceptable): 3501 NW 71 ST

City: MIAMI FL Zip Code: 33147

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.

SIGNATURE: Raquel Guzman — Raquel Guzman — Ap. 30/03
Signature (typed or printed name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) [ ]

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR Is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUZMAN, RAQUEL
STREET ADDRESS	3501 NW 71 ST
CITY-ST-ZIP	MIAMI, FL. 33147

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Raquel Guzman — Ap 30/03 — (305) 694-0266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #