

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90507 048 ***150.00

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1. Entity Name
FAST INCOME TAX SERVICE INC.



Principal Place of Business
**3237 NW 7 ST SUITE 102
MIAMI, FL 33125**

Mailing Address
**3237 NW 7 ST SUITE 102
MIAMI, FL 33125**

40077175



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1145554

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NUNEZ, JOSE A
2213 SW 139 AVE
MIAMI, FL 33175**

**DO NOT WRITE
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] **JOSE A. NUNEZ**

Signature must be printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

4/29/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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
**PD
NUNEZ, JOSE A
2213 SW 139 AVE
MIAMI, FL 33175**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LEON, ANTONIO
10421 SW 142 AVE
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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] **JOSE A. NUNEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05
Date

305-643-3323
Daytime Phone #