


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000099371</b> 1. Entity Name <b>FAST INCOME TAX SERVICE INC.</b>	
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Principal Place of Business  
**3237 NW 7 ST SUITE 102  
MIAMI, FL 33125**

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



05022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1145554</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 *Jose A. Nunez* **JOSE A. NUNEZ** 5/6/06  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD NUNEZ, JOSE A 2213 SW 139 AVE MIAMI, FL 33175</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LEON, ANTONIO 10421 SW 142 AVE MIAMI, FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000565094  
05/20/06-80108-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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: *Jose A. Nunez* **JOSE A. NUNEZ** 5/6/06 305-643-3323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #