
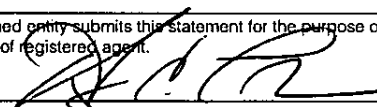
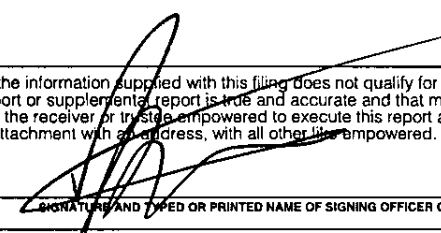


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90033 012 \*\*\*150.00

<b>DOCUMENT # P02000028692</b> 1. Entity Name <b>FAST RESPONSE INVESTIGATIONS, INC.</b>					
Principal Place of Business <b>1401 N.W. 17TH AVENUE SUITE 1 MIAMI, FL 33125</b>			Mailing Address <b>1401 N.W. 17TH AVENUE SUITE 1 MIAMI, FL 33125</b>		
2. Principal Place of Business <b>2701 S. BAYSHORE DR. Suite, Apt. #, etc. STE 555</b>			3. Mailing Address <b>2701 S. BAYSHORE DR. Suite, Apt. #, etc. STE 555</b>		
City & State <b>MIAMI, FL</b>			City & State <b>MIAMI, FL</b>		
Zip <b>33133</b>		Country <b>USA</b>		4. FEI Number <b>74-3043264</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DOOLEY, TARVER+FRED 2701 S. BAYSIDE DR. SUITE #300 MIAMI, FL 33133</b>			7. Name and Address of New Registered Agent Name <b>PAIGE C. TARVER, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>DOOLEY, TARVER &amp; FREDERICK, PA</b> <b>2701 S. BAYSHORE DR. STE 555</b> City <b>MIAMI</b> FL Zip Code <b>33133</b>		
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  <b>PAIGE C. TARVER, ESQ.</b> <b>3/19/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLASPER-SANTANA, FRANK 1401 N.W. 17 AVE. #1 MIAMI, FL 33125	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTSD FRANK GLASPER-SANTANA 2701 S. BAYSHORE DR., STE 555 MIAMI, FL 33133
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD GLASPER-SANTANA, FRANK 1401 N.W. 17 AVE. #1 MIAMI, FL 33125	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>3/19/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

94041433



03192004 Chg-P CR2E034 (10/03)