FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 23 AM 10: 17

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000031409

1. Entity Name
THE FAST ARROW TRANSPORT INC.

Principal Place of Business	Mailing Address
928 WHARF LANE 203 ORLANDO, FL 32828	~~928 WHARF LANE 203 ORLANDO, FL 32828~~

2. Principal Place of Business	3. Mailing Address
6219 Bent Pine dr	
Suite, Apt. #, etc. 310 B	Suite, Apt. #, etc.
City & State Orlando, Fl	City & State
Zip 32822 Country USA	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3635400 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIERRA, SONIA M
928 WHARF LANE
203
ORLANDO, FL 32828

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROJAS, LUIS C 928 WHARF LANE ORLANDO, FL 32828	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Luis C. Rojas 6219 Bent Pine Dr #310B Orlando Fl. 32822	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500018671475 05/09/03--01045--001 **158.75	☐ Change ☐ Addition
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CR2E034 (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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #