


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000054147 1. Entity Name FORMATO'S FASTERPROMS, INC.	
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Principal Place of Business 4513 SAN RAFAEL STREET TAMPA, FL 33629-5505	Mailing Address 4513 SAN RAFAEL STREET TAMPA, FL 33629-5505
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0695533	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000055651 02/18/04-80012-008 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD FORMATO, EILEEN C 4513 SAN RAFAEL STREET TAMPA, FL 336295505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD FORMATO, JEREMY J 4513 SAN RAFAEL STREET TAMPA, FL 336295505
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Eileen C. Formato 2-11-04 253-0961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #