2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 07, 2008 08:00 AN Secretary of State DOCUMENT # P02000066282 1. Entity Name FAST & EASY ENTERPRISES INC. Principal Place of Business Mailing Address 3692 TAMPA RD 3692 TAMPA RD OLDSMAR, FL 34677 OLDSMAR, FL 34677 01042008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 03-0457470 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VIRANI, AMEENA DO NOT WRITE 3692 TAMPA RD OLDSMAR, FL 34677 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 UGOOOO774824 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees <u>01/08/08-80006-002 150.</u>00 10. OFFICERS AND DIRECTORS PS TITLE VIRANI, AMEENA NAME STREET ADDRESS 3692 TAMPA RD CITY-ST-ZIP OLDSMAR, FL 34677 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED