

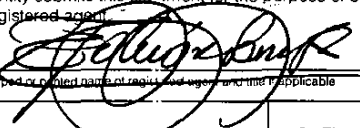
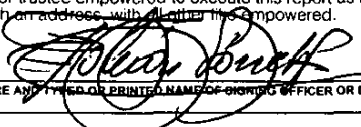


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90002 043 ***150.00

DOCUMENT # P02000075823 1. Entity Name FASA SERVICES CORP. INC.					
Principal Place of Business 10157 WEST ATLANTIC BLVD. 10157 CORAL SPRINGS, FL 33071			Mailing Address 10157 WEST ATLANTIC BLVD 10157 CORAL SPRINGS, FL 33071		
2. Principal Place of Business 4202 NW 114 TER		3. Mailing Address 4202 NW 114 TER			
Suite, Apt. #, etc. 4202		Suite, Apt. #, etc. 4202		06042006 Chg-P CR2E034 (11/05)	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL		4. FEI Number 03-0476267	
Zip 33065		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALMON, OLGA V 10024 WIDING LAKE RD 104 SUNRISE, FL 33351				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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:  FABIAN G. SANCHEZ <small>Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$560.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP SANCHEZ, FABIAN G <input type="checkbox"/> Delete 10157 WEST ATLANTIC BLVD CORAL SPRINGS, FL 33351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SANCHEZ, FABIAN G 4202 NW 114 TER. CORAL SPRINGS, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another firm empowered.					
SIGNATURE: 			FABIAN G. SANCHEZ Date: 06/01/2006 Daytime Phone #		