FILED
May 05, 2003 8:00 am
Secretary of State
03-24-2003 91013 036 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000077066

1. Entity Name
Fast & Smart Inc.

DO NOT WRITE IN THIS SPACE

55036434

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
13983 S.W. 151 Ave.	13983 S.W. 151 Ave.	
Suite, Apartment	Suite, Apartment	
City & State: Miami,	City & State: Miami, Florida	4. FEI Number 51-0414909 ☐ Applied For ☐ Not Applicable
Zip: FL Country: 33196	Zip: FL 33196 Country: Dade	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Rafael Castillo

Street Address (P.O. Box Number is Not Acceptable): 13983 S.W. 151 Ave.

City: Miami FL Zip Code: 33196

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D NAME Rafael Castillo STREET ADDRESS 13983 S.W. 151 Ave. CITY-ST-ZIP Miami, FL 33196		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rafael Castillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #