

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR -2 PM 3: 56

DOCUMENT # **P02000094448**
1. Entity Name
FAST TRANSPORT Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2434 SW 3RD Street	3. Mailing Address Same
State, Apt. #, etc. Miami Fla.	State, Apt. #, etc. Same
City & State Miami Fla.	City & State Same
Zip 33135	Country U.S.A
Zip Same	Country Same

DO NOT WRITE IN THIS SPACE

4. FEI Number **320033300** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

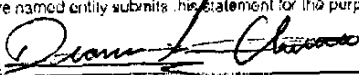
7. Name and Address of Current Registered Agent

Name **Diana L. Clavero**

Street Address (P.O. Box Number is Not Acceptable)
2434 SW 3RD Street

City **Miami** FL Zip Code **33135**

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.

SIGNATURE  DATE **03/31/04**


Specialized, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not applicable.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **January 1 - May 1: Fee is \$150.00**
After May 1: Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Diana L. Clavero 2434 SW 3rd St Miami, Fla. 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAyoberto H. Clavero 2434 SW 3rd St Miami, Fla. 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500032643195 04/13/04-01103-010 **150.00
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 507, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowerments.

SIGNATURE:  DATE **03/31/04** (305) 788-5707 (201) 351-0797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR