2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED May 09, 2008 08:00 AN Secretary of State **DOCUMENT # P02000094448** 1. Entity Name FAST TRANSPORT INC. Principal Place of Business Mailing Address 2434 SW 3RD STREET 2434 SW 3RD STREET MIAMI, FL 33135 MIAMI, FL 33135 · CR2E034 (11/05) 04082008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 32-0033300 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CLAVERO, DIANA LILI 2434 SW 3RD STREET IN THIS SPACE MIAMI, FL 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Unnnnn951437 06/0̃4/Õ8–8ŭû3Š-001 158.7S 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CLAVERO, DIANA LILI NAME STREET ADDRESS 2434 SW 3RD STREET CITY-ST-ZIP MIAMI, FL 33135 D TITLE NAME CLAVERO, DAGOBERTO H 2434 SW 3RD STREET STREET ADDRESS MIAMI, FL 33135 CITY - ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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 of 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 attact ment with at address with all other like empowered.

SIGNATURE

NTED NAME OF SIGNING OFFICER OR DIRECTOR