2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 03, 2004 8:00 am Secretary of State **DOCUMENT # P02000123801** 1. Entity Name 05-03-2004 90774 006 ***150.00 FAST TRAX DELIVERY, INC. Principal Place of Business Mailing Address **8235 ROBIN ROAD** 14010449 5822 - 60TH AVE SAINT PETERSBURG FL 33709 **LARGO FL 33777** 2. Principal Place of Business 3. Mailing Address 5822 - GOTH AVE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State KENNETH City & State Applied For 4. FEI Number 13-4215079 CITY, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired PINELLA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _ Name _ _ _ . BECK, DEREK 8235 ROBIN ROAD Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 33777** Zip Code City 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. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. PD ☐ Delete TIFLE Change Addition TITLE BECK, DEREK NAME NAME STREET ADDRESS 8235 ROBIN ROAD STREET ADDRESS CITY-ST-ZIP LARGO FL 33777 CITY-ST-ZIP **V\$D** 🗖 Change ☐ Addition ☐ Delete TITLE TITLE BECK, CHAD NAME NAME 106th Terrace STREET ADDRESS 5841 106TH TERRACE NORTH STREET ADDRESS PINEPPAS PARK FL 33782 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition TITLE TITLE NAME BECK, CHARLES NAME STREET ADDRESS STREET ADDRESS 7195 AGUSTA BLVD. AUGUSTA BLVD CITY-ST-ZIP SEMINOLE FL 33777 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

NING OFFICER OR DIRECTOR

FILED