

FILED
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Secretary of State

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2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000014177			
1. Entity Name FAST LANE EXPRESS, INC.			
Principal Place of Business 2285 VICTORY AVE LARGO, FL 33770		Mailing Address 2285 VICTORY AVE LARGO, FL 33770	
2. Principal Place of Business		3. Mailing Address P.O. Box 262063	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State Tampa, FL	
Zip	Country	Zip	Country
33685		33685	
4. FEI Number 06-1676340		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD RODRIGUEZ, GUILLERMO 2285 VICTORY AVE LARGO, FL 33770 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SANCHEZ, FRANCISCO J 2285 VICTORY AVE LARGO, FL 33770 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ZAMORA, JUAN 2285 VICTORY AVE LARGO, FL 33770 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Guillermo Rodriguez		Date: 2/25/04 Daytime Phone: 813 927 4807	