## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000021477

GUERRIER, ANSPATRY

POMPANO BEACH, FL 30060

10 NF 21 CT

Name:

Address:

City-St-Zip:

FILED Apr 08, 2004 Secretary of State

Entity Name: FAST FUND FINANCIAL SERVICES INC. **Current Principal Place of Business: New Principal Place of Business:** 885 SW 50 AVE. 885 SW 50TH AVE. MARGATE, FL 33068 MARGATE, FL 33068 **Current Mailing Address: New Mailing Address:** 885 SW 50 AVE MARGATE, FL 33068 FEI Number: 05-0555954 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZR FINANCIAL GROUP, INC ATHELUS, MARKIST 885 SW 50TH AVENUE 5460 NORTH STATE RD. 7, STE. 119C FT. LAUDERDALE, FL 33321 US MARGATE, FL 33068 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: MARKIST ATHELUS 04/08/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition ATHEIUS, MARKIST Name: Name: 885 SW 50 AVE. Address: Address: City-St-Zip: MARGATE, FL 30068 City-St-Zip: Title: VD Title: () Change () Addition () Delete Name: GERMAIN, STEPHANE Name: 1594 NE 53 CT. Address: Address: POMPANO BEACH, FL 33064 City-St-Zip: City-St-Zip: ( ) Delete Title: (X) Change ( ) Addition Title: SD SD

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

ATHELUS, GEORGELINE

885 SW 50TH AVENUE

MARGATE, FL 30060

SIGNATURE: MARKIST ATHELUS PD 04/08/2004