


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90348 038 ***158.75

DOCUMENT # P03000063783

1. Entity Name
FAST SAFE TRANSPORT, INC.



Principal Place of Business Mailing Address
5501 SW 25TH STREET **5501 SW 25TH STREET**
HOLLYWOOD, FL 33023 **HOLLYWOOD, FL 33023**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02032004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
56-2371845 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
ALLEN, DWIGHT
5501 SW 25TH STREET
HOLLYWOOD, FL 33023

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 _____ (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**

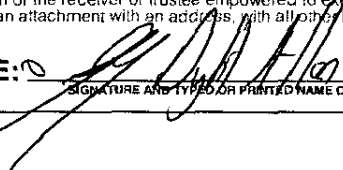
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	ALLEN, DWIGHT	
STREET ADDRESS	5501 SW 25TH STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	T	<input type="checkbox"/> Delete
NAME	DOLCE, MARCEL	
STREET ADDRESS	5501 SW 25TH STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JEAN, DANIEL	
STREET ADDRESS	5501 SW 25TH STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	S	<input type="checkbox"/> Delete
NAME	Allen, Dwight	
STREET ADDRESS	5501 SW 25th Street	
CITY-ST-ZIP	Hollywood, FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  2/19/04 754-264-3577

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone