


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90001 018 ***150.00

DOCUMENT # P03000067445	
1. Entity Name FAST SOLUTION INTERNATIONAL INC	

Principal Place of Business 6193 MOHAWK TERRACE MARGATE, FL 33063	Mailing Address 6193 MOHAWK TERRACE MARGATE, FL 33063
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54062083

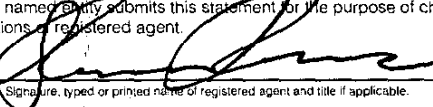
2. Principal Place of Business 1677 NW 91 Ave Suite, Apt. #, etc. Apt 622 City & State Coral Springs, FL Zip 33071 Country Broward	3. Mailing Address 1677 NW 91 Ave Suite, Apt. #, etc. Apt 622 City & State Coral Springs, FL Zip 33071 Country Broward
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07082004 Chg-P CR2E034 (10/03)

4. FEI Number 20-000 5736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RADAKIR, SHANNON 6193 MOHAWK TERRACE MARGATE, FL 33063	7. Name and Address of New Registered Agent Name Radakir, Shannon Street Address (P.O. Box Number is Not Acceptable) 1677 NW 91 Ave Apt 622 City Coral Springs FL Zip Code 33071
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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 07/09/04

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing - \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KAPISH, MAY S 6193 MOHAWK TERRACE MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Radakir, Shannon 1677 NW 91 Ave Apt 622 Coral Springs, FL 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RADAKIR, SHANNON 6193 MOHAWK TERRACE MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, D Radakir, Shannon 1677 NW 91 Ave Apt 622 Coral Springs, FL 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	07/09/04	954 975 3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #