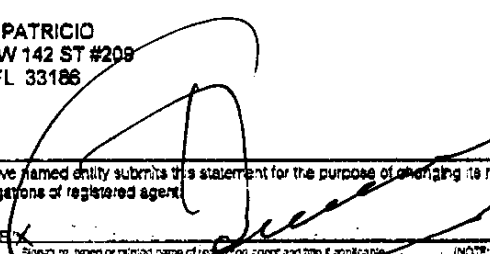


Apr. 29. 2005 12:31PM C. A. M. S.

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90405 021 ***150.00

DOCUMENT # P03000099510			
1. Entity Name FASTRUSS CORP.			
Principal Place of Business 157 NW 14 AVE HOMESTEAD, FL		Mailing Address 14280 SW 142 ST #209 MIAMI, FL 33186	
2. Principal Place of Business 14280 SW 142 ST #209		3. Mailing Address SAME	
Suite, Apt. #, etc. Miami		Suite, Apt. #, etc. 	
City & State Florida		City & State 	
Zip 33186	Country USA	Zip 	Country
4. FEI Number 54-2120666		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		88.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZILIANI, PATRICIO 14280 SW 142 ST #209 MIAMI, FL 33186		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 registering.) DATE 			
FILE NOW!! FEE IS \$150.00 After May 1, 2005 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 P ZILIANI, IGNACIO J 14280 SW 142 CT #209 MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V ZILIANI, CAROLINA E 14280 SW 142 CT #209 MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST ZILIAN, PATRICIO 14280 SW 142 ST #209 MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ 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)(f), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			