

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90046 021 ***150.00

DOCUMENT # P03000099510

1. Entity Name

FASTRUSS CORP.



Principal Place of Business

**14280 SW 142 STREET #209
MIAMI FL 33186**

Mailing Address

**14280 SW 142 ST #209
MIAMI FL 33186**

2. Principal Place of Business

16360 SW 137 AVE

3. Mailing Address

14280 SW 142 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#209.

City & State

MIAMI, Florida

City & State

MIAMI, Florida

Zip

33177

Country

USA

Zip

33186

Country

USA.

4. FEI Number

54-2120666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZILIANI, PATRICIO
14280 SW 142 ST #209
MIAMI FL 33186**

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **ZILIANI, IGNACIO J**
CITY-ST-ZIP **14280 SW 142 CT #209
MIAMI FL 33186**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **ZILIANI, CAROLINA E**
CITY-ST-ZIP **14280 SW 142 CT #209
MIAMI FL 33186**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **ZIAIAN, PATRICIO**
CITY-ST-ZIP **14280 SW 142 ST #209
MIAMI FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #