2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 09, 2006 08:00 AN DOCUMENT # P03000113294 **Secretary of State** Entity Name FAST DELIVERY PARTS, INC. Principal Place of Business Mailing Address 4940 SW 98 AVE. ROAD 4940 SW 98 AVE. ROAD MIAMI, FL 33165 MIAMI, FL 33165 US 01032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0298673 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ROQUE, RICARDO DO NOT WRITE 4940 SW 98 AVE. ROAD MIAMI, FL 33165 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10, OFFICERS AND DIRECTORS PRES TITLE ROQUE, RICARDO NAME 4940 SW 98 AVE, ROAD STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 100000379685 TITLE un/10/06-80031-013 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-06

Daytime Phone #

FILED