## FILED Apr 15, 2005 8:00 am Secretary of State

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUI 1. Entity Nam FAST PA	ie	# P04000004 inc		04-15-2005 90108 026 ***150.00						
Principal Place of Business Mailing Address .						~~~0049\9				
1304 OCOEE 0COEE, FL 3		DAD	198 ARORA BLVD. APT. 2007							
00011,711 34747			ORANGE PARK, FL 32073			 	ı Berli Birli Sbill ebim belil	EDIN DENI BIDE	I BRIBI KBB IBT	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04122005	Chg-P	CR2E034	4 (10/03)	
City & State			City & State		4. FEI Numb	58065E	3	<u> </u>	plied For t Applicable	
Zip	Country		Zip	Zip Count		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current F				7. Name and Address of New Registered Agent				
MERAZ, R	AFAEL		Name							
1304 OCOEE APOPKA ROAD OCOEE, FL 34761					Street Address (P.O. Box Number is Not Acceptable)					
OCOEE, FL 34761					·					
:					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 agont and title it applicable. (NOTE: Registered Agont signature required when reinstating)  DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.						5.00 May Be Ided to Fees				
10.		OFFICERS AND I		11,		ADDITIONS	/CHANGES TO OFFI			
TITLE NAME	P Meraz, F	RAFAËL	☐ Delete TITLE					l	☐ Change	Addition
STREET ADDRESS	RESS 1304 OCOEE APOPKA ROAD		STRE		ET ADDRESS					
CITY-ST-ZIP	OCOEE, I	FL 34761			-ST-ZIP				☐ Change	C Addition
TITLE NAME	MERAZ, I	☐ Delete	TITL				-	Change	Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
IIILE	OCOEE, I	FC 34701	☐ Delete	TITE					Change	Addition
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NAME STREET ADDRESS					ET ADDRESS					
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STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP	Cartifu that th	e information supplied with	this filing does not qualify fo		-ST-ZIP emption stated in S	Section 119.07/3	Yii) Florida Statutee 1	further certi	v that the in	ntormation
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 extrustee 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 tike empowered.										