

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90232 023 \*\*\*158.75

<b>DOCUMENT # P04000050758</b> 1. Entity Name <b>FAST PAINTING BY JAB, CORP</b>			
Principal Place of Business <b>11790 SW 18 ST APT 303 MIAMI, FL 33175-0000</b>		Mailing Address <b>11790 SW 18 ST APT 303 MIAMI, FL 33175-0000</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>5202 SW 162 place</b> Suite, Apt. #, etc.	
City & State <b>MIAMI</b>		City & State <b>MIAMI</b>	
Zip <b>33185</b>	Country <b>USA</b>	4. FEI Number <b>20-0908173</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>DIAZ, OSVALDO 7951 SW 40TH ST SUITE 206 MIAMI, FL 33155</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 <b>PVST ALFARO, LIZBET P 11790 SW 18 ST APT 303 MIAMI, FL 331750000</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PVST ALFARO, LIZBET P 5202 SW 162 PL MIAMI FL 33185</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D. ALFARO, LIZBET P 11790 SW 18 ST APT 303 MIAMI, FL 331750000</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PVST ALFARO, LIZBET P 5202 SW 162 PL MIAMI FL 33185</b>	<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
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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:		Date <b>4/7/05</b> Daytime Phone # <b>(305) 5545373</b>	