DOCUMENT #, PO400050758         04-25-2005 90232 023 ***1           FAST PAINTING BYJAB, CORP (, Corp.)         Corp. Control (, Corp.)         Corp. Control (, Corp.)           FAST PAINTING BYJAB, CORP (, Corp.)         Maling Address         Corp. Control (, Corp.)         Corp. Control (, Corp.)           Corp. Control (, Corp.)         Maling Address         Maling Address         Corp. Control (, Corp.)         Corp.	2005 OR PROFIT CORPORATION ANNUAL REPORT		FILED Apr 25, 2005 8:00 a Secretary of State	
Principal Place di Business IT790 SN 18 ST APT 303 IT700 SN 18 ST APT 303 ITT60 SN 18 ST A	NG BY JAB, CORP.		04-25-2005 90232 023 ***158.75	
11790 SN 18 ST APT 303       11790 SN 18 ST APT 303         MAMI, FL 33175-0000       MAMI, FL 33175-0000         2. Principal Place of Budness       2. Mailing Address SL Is 2, place         Satie, Act. #, etc.       Suite, Act. #, etc.         Satie, Act. #, etc.       Suite, Act. #, etc.         Suite, Act. #, etc.       Suite, Act. #, etc.         Country       Zip         Side Act. #, etc.       Name         DIAZ, OSVALDO       Types St With ST SUTE 206         MIAMI, FL 331750000       Name         Stoppart Acter May 1, 2005 Feat, will be \$550,000       Truet Fund Contribution         Acter May 1, 2005 Feat, will be \$550,000       Nome         Stoppartime of regeleer of the publice of the publice of the	· · · · · · · · · · · · · · · · · · ·		9000 S760	
Suite Apt. #, etc.         Chy & State           Chy & State         Chy & State         Chy & State         Chy & State         Chy & State         Chy & State         Chy & State         Chy & State         Chy & State         Chy & State         State Apt. #, etc.         Chy & State         Chy & State         Chy & State         State App. #, etc.         State App. #,	APT 303 11790 S	V 18 ST APT 303		
Suite, Apt. #, etc.     Suite, Apt. #, etc.     04042005     Chg-P     CR2E034 (10)CC       Cay & State     Cay & State     Cay & State     4. FEI Number 2 0 - 0 9 08 / 73     5.       Zip     Country     Zip     Country     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.       Zip     Country     Zip     Country     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.       Zip     Country     Zip     Country     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.       Clay     Suite, Apt. #, etc.     Zip     Country     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.       DIAZ, OSVALDO     Country     Zip     Country     Suite, Apt. #, etc.     Name     Suite, Apt. #, etc.     Suite, Apt. #, etc.       DIAZ, OSVALDO     Country     Country     Suite, Apt. #, etc.     Name     Suite, Apt. #, etc.     Suite, Apt. #, etc. <td></td> <td></td> <td></td>				
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Zip       Country       Zip       Country       Signed	City & S	ite		
B. Considered Status Deared     Construction     Co		ani	20-0908/73 Not Applicat	
	Country Zip		5. Certificate of Status Desired <b>\$8.75</b> Additional Fee Required	
DIAZ OSVALDO 7951 SW 40TH ST SUITE 206 MIAMI, FL 33155 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL 20 C City FL	Name and Address of Current Registered A	ent	7. Name and Address of New Registered Agent	
		City	FI Zip Code	
IIILE       PVST       IDelete       ITILE       NAME       ALFARO, LIZBET P       IDElete       ITILE       ALFARO, LIZBET P       IDElete       IDElete       ITILE       ALFARO, LIZBET P       IDElete	2005 Fee will be \$550.00	ust Fund Contribution. Adde	ed to Fees	
STREET ADDRESS       11720 SW 18 ST APT 303       STREET ADDRESS       5202 Sw 16 21 331         ITILE       D.       Delete       ITILE       ALFARO, LIZBET P       ITILE         STREET ADDRESS       11790 SW 18 ST APT 303       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         STREET ADDRESS       11790 SW 18 ST APT 303       ITILE       ALFARO, LIZBET P       ITILE       ITILE       ALFARO, LIZBET P       ITILE       ALFARO, LIZBET P       ITILE       I				
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NAME     NAME       STREET ADDRESS     SIREET ADDRESS       CITY - ST - ZIP     SIREET ADDRESS       12. I hereby certify that the information supplemental report IS men and accurate and that my signature shall have the same legal effect as if made under oath; that I am an offic of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10	90 SW 18 ST APT 303 MI, FL 331750000 ARO, LIZBET P 90 SW 18 ST APT 303	NAME     NAME       STREET ADDRESS     5.2       CITY-ST-ZIP     2.2       Delete     TITLE       NAME     AITF       STREET ADDRESS     5.2       CITY-ST-ZIP     AITF       Delete     TITLE       NAME     STREET ADDRESS       CITY-ST-ZIP     5.2       Delete     TITLE       NAME     STREET ADDRESS       CITY-ST-ZIP     -       Delete     TITLE       NAME     STREET ADDRESS       CITY-ST-ZIP     -	Earlo, Lizber FL 2025w 162FL UISIT Earlo Lizber P Change Addition 2025w 162FL MIANI FL 33185 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)(i), Florida Statutes. I further certify that the indicated on this report or supplemental report IS free and accurate and that my signature shall have the same legal effect as if made under oath; that I am an offic 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	90 SW 18 ST APT 303 MI, FL 331750000 ARO, LIZBET P 90 SW 18 ST APT 303	NAME     NAME       STREET ADDRESS     52       CITY-ST-ZIP     22       Delete     TITLE       NAME     STREET ADDRESS       CITY-ST-ZIP     32       Delete     TITLE       NAME     STREET ADDRESS       CITY-ST-ZIP     52       Delete     TITLE       NAME     STREET ADDRESS       CITY-ST-ZIP     52       Delete     TITLE       NAME     STREET ADDRESS       CITY-ST-ZIP     51       Delete     TITLE       NAME     STREET ADDRESS       CITY-ST-ZIP     51       Delete     TITLE       NAME     STREET ADDRESS       CITY-ST-ZIP     51	Change Addition	
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