

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000094629

Entity Name: FAST NURSE INC.

FILED
Jul 05, 2007
Secretary of State

Current Principal Place of Business:

280 SW 20 RD
909
MIAMI, FL 33129

New Principal Place of Business:

280 SW 20TH ROAD
909
MIAMI, FL 33129

Current Mailing Address:

280 SW 20 RD
909
MIAMI, FL 33129

New Mailing Address:

280 SW 20TH ROAD
909
MIAMI, FL 33129

FEI Number: 20-2952017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AHMAD, NEMER
280 SW 20 RD
909
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AHMAD, NEMER
Address: 280 SW 20 RD #909
City-St-Zip: MIAMI, FL 33129

Title: V () Delete
Name: DEINEKO, ALEXEI
Address: 280 SW 20 RD #909
City-St-Zip: MIAMI, FL 33129

Title: S (X) Delete
Name: GIL, CAROLINA
Address: 280 SW 20 RD #909
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: AHMAD, NEMER
Address: 280 SW 20TH ROAD #909
City-St-Zip: MIAMI, FL 33129

Title: VS (X) Change () Addition
Name: GIL, CAROLINA
Address: 280 SW 20TH ROAD #909
City-St-Zip: MIAMI, FL 33129

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEMER AHMAD

P

07/05/2007

Electronic Signature of Signing Officer or Director

Date