

2007 FOR PROFIT CORPORATION ANNUAL REPORT

06-25-2007 90005 008 ***150.00
P05000111444

DOCUMENT # P05000111444

1. Entity Name
EL FAST MOVING, INC.



FILED
07 AUG 2 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3400 NW 50 AVENUE
A117
LAUDERDALE LAKES, FL 33319

Mailing Address
3400 NW 50 AVENUE
A117
LAUDERDALE LAKES, FL 33319



2. Principal Place of Business - No P.O. Box
1861 NW 46th Ave
Suite, Apt. #, etc.
APT. E-208
City & State
Lauderhill, FL
Zip
33313 US

3. Mailing Address
1861 NW 46th Ave
Suite, Apt. #, etc.
APT. E-208
City & State
Lauderhill, FL
Zip
33313 US

05112007 Chg-P CR2E034 (12/06)

4. FEI Number
20-3444427

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEE, EUGENE G
3400 NW 50 AVENUE
A 117
LAUDERDALE LAKES, FL 33319

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1861 NW 46th Avenue
APT. E-208
City
Lauderhill FL Zip Code
33313

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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 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	P LEE, EUGENE G 3400 NW 50 AVENUE APT A117 LAUDERDALE LAKES, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1861 NW 46th Avenue, APT. E-208 Lauderhill, FL. 33313 <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 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: Eugene Lee 6.21.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

As per telephone conversation with

20.8/2