

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000160054

1. Entity Name
RUN FAST TRANSMISSIONS, CORP.



**FILED
Feb 23, 2007 8:00 am
Secretary of State**

02-23-2007 90025 034 ***150.00

Principal Place of Business

918 ROBERTS RD UNIT 5-7 BLDG 1
DAVENPORT, FL 33837-9607

Mailing Address

406 WINDSOR ESTATES DR
DAVENPORT, FL 33837

2. Principal Place of Business - No P.O. Box #

918 Roberts Rd

3. Mailing Address

406 Windsor Estates Dr

Suite, Apt. #, etc.

Unit 5-6 Bldg #1

Suite, Apt. #, etc.

City & State

Lake Hamilton, FL

City & State

Davenport, FL

Zip

33851

Country

USA

Zip

33837

Country

USA

01092007	Chg-P	CR2E034 (12/06)
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4. FEI Number
20-3911445

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Name

FRIA, ERNESTO
406 WINDSOR ESTATES DR.
DAVENPORT, FL 33837-9607

Street Address (P.O. Box Number is Not Acceptable)

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 DIANA S. FRIA Vice - President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

2-20-07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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 PD
NAME FRIA, ERNESTO
STREET ADDRESS 406 WINDSOR ESTATES DR.
CITY-ST-ZIP DAVENPORT, FL 338379607

Delete

TITLE VD
NAME FRIA, DIANA S
STREET ADDRESS 406 WINDSOR ESTATES DR.
CITY-ST-ZIP DAVENPORT, FL 338379607

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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: DIANA S. FRIA DIANA S. FRIA

2-20-07

863-514 3091

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR