

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000161083

1. Entity Name
YOUR FAST TRACK, INC.



Principal Place of Business
518 NORTH TAMPA STREET
STE 320
TAMPA, FL 33602

Mailing Address
518 NORTH TAMPA STREET
STE 320
TAMPA, FL 33602



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4768683

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SULLIVAN, C.A.
311 SOUTH MISSOURI AVENUE
CLEARWATER, FL 33756

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PAVAGADHI, PRASH
STREET ADDRESS	412 COUNTRYSIDE KEY BLVD
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	DVP
NAME	SULLIVAN, C.A.
STREET ADDRESS	311 SOUTH MISSOURI AVE
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	DS
NAME	RATRA, RAJEEV
STREET ADDRESS	518 NORTH TAMPA STREET STE 320
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	DT
NAME	RAJANI, VAKESH
STREET ADDRESS	518 NORTH TAMPA STREET STE 320
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08

Date

727-786-6070

Daytime Phone #