

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90193 035 ***150.00

DOCUMENT # P06000076532 1. Entity Name FAST RESOLUTION ENTERPRISES, INCORPORATED			
Principal Place of Business 718 NW 18 CT MIAMI, FL 33125		Mailing Address 718 NW 18 CT MIAMI, FL 33125	
2. Principal Place of Business - No P.O. Box # 11591 NW 2nd Street		3. Mailing Address 11591 NW 2nd Street	
Suite, Apt. #, etc. Apt 104		Suite, Apt. #, etc. Apt #104	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33172	Country	Zip 33172	Country
4. FEI Number 030601522		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE CORCHO, RAMON P 718 NW 18 CT MIAMI, FL 33125		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11591 NW 2nd Street Apt 104 City MIAMI FL Zip Code 33172	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME DE CORCHO, RAMON P	<input type="checkbox"/> Delete	
STREET ADDRESS 718 NW 18 CT	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MIAMI, FL 33125	11591 NW 2nd Street Apt 104 MIAMI FL - 33172		
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"/> 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: RAMON PEDEZ DE CORCHO		4/20/07 186-597-1589	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT		Date Daytime Phone #	