


PENDING
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P95000083694

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page 10 Fr

DOCUMENT # P95000083694 1. Entity Name FAST MEDICAL SUPPLY AND EQUIPMENT INC.			
Principal Place of Business 717 PONCE DE LEON BLVD SUITE 303 CORLA GABLES, FL 33134		Mailing Address 717 PONCE DE LEON BLVD SUITE 303 CORLA GABLES, FL 33134	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent OJEDA, JORGE LUIS 717 PONCE DE LEON BLVD SUITE 303 CORLA GABLES, FL 33134		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		400037813474 06/09/04--01078--001 **8.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		400037813474 07/20/04--01027--007 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	

Attachment

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May 13, 2004

Fast Medical Supply and Equipment
717 Ponce de Leon #303
Coral Gables FL 33134
EIN# 65-0621247

To Whom It May Concern:

As per a telephone conversation with one of your representatives we are writing this letter to you requesting a wave of the late fee for \$400.00. Our annual report wasn't filed on time due to not receiving the documentation the traditional way, to our understanding We never received it until by our accountant we found out there was a new way of filing, but by that time it was already too late, so we are asking the division of corporations for a one time wave if is possible due to the circumstances, also please take into consideration that we have been with a zero profit due to pending inspections and approval. It would be greatly appreciated if you could help us.

Sincerely


Jorge L. Ojeda
President

Any questions do not hesitate to contact me at (305)442-1476 or (786)306-7071 during our business hours 10:00 am-2:00pm.