


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2004 8:00 am
Secretary of State

09-03-2004 90001 030 ***150.00

DOCUMENT # P96000037706					
1. Entity Name FASTPACK CORPORATION					
Principal Place of Business 7311 NW 12 STREET SUITE 12 MIAMI, FL 33126			Mailing Address 7311 NW 12 STREET SUITE 12 MIAMI, FL 33126		
2. Principal Place of Business		3. Mailing Address		07022004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0664141	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Zip	
Country		Country		6. Name and Address of Current Registered Agent	
IGNACIO ARLEGUI, JOSE 7311 NW 12 STREET SUITE 12 MIAMI, FL 33126		7. Name and Address of New Registered Agent			
Name		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE SDV NAME NAVARRETE, LILA C STREET ADDRESS 8251 NW 8 STREET #405 CITY-ST-ZIP MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE SDV NAME NAVARRETE, LILA C. STREET ADDRESS 13917 SW 28th St. CITY-ST-ZIP Miami, FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME ARLEGUI, JOSE I STREET ADDRESS 7311 NW 12 STREET SUITE 12 CITY-ST-ZIP MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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	
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	
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 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: _____ JOSE IGNACIO ARLEGUI			8/30/04 (305) 233-9699 Date Daytime Phone #		