2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State

DOCUMENT #P97000024052 1. Entity Name GREENLAND FAST CORP.									03-20)-2006	90010 ()39 ***150	0.00
Principal Place of Business Mailing Address 1604 W 31ST PLACE , 4145 E 2 AVE. HIALEAH, FL 33012 US HIALEAH, FL 33013 US							•		110 121U 1 22 M 2 3	NI	11. 83 113 11311 2 1	er edici eme pe	:231 (I 1 22 1
Principal Place of Business 3. Mailing Address													
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03152006	Chg-	.P	CR2E	034 (11/05)	
City & State				City & State				4. FEI Number Applied Fo 65-0751342 Not Applied					
Zip				Zip	try	5. Certificate of Status Desired Fee Required							
	6. Name	and Address of C	urrent Regis	tered Agent		7. Name and Address of New Registered Agent							
DE LEON JOSE A 8040 N.W. 183 STREET, SUITE #45						Name DE LEON JOSE A Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL 33016						1604 W 31 Place							
						City +	Fial	ملمه			FL	Zip Code	017.
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. 33012 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 33012 SIGNATURE President													
SIGNATURE	Signature, typed	for printed name of registe	red agent and life	dapplicable. (NOT	E: Registere	d Agent signati	re required	when reinstating)			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10.	·····	OFFICER	RS AND DIRE		11.		····~	ADDITION	S/CHANGE	S TO OFF	ICERS AN	D DIRECTORS	
NAME STREET ADDRESS : CITY-ST-ZIP	P DE LEON 8040 N.W MIAMI, FI	V. 103.8TREST, 8	SUITE #45	🗀 Delete			H16-19-19-19-19-19-19-19-19-19-19-19-19-19-	LEON 04 CD HEAL	, 305 311	SE A Place). CE 330	E Change	Addition
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indicated of the cor	on this repo	ort or supplemental the receiver or trust	report is true ee emoower	filing does not qualify f and accurate and that ed to execute this repor all other like empowers	my signa	iture shall h	lave the	same legal et	ect as if ma	de under	oath; that I	am an omcer	or director