


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90210 026 \*\*\*150.00

|                                                                             |                                                                                   |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # S71738</b><br>1. Entity Name<br><b>RAPID FAST HEALTH INC.</b> |  |
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| Principal Place of Business<br><b>11117 W. OKEECHOBEE ROAD<br/>SUITE 118<br/>HIALEAH GARDENS FL 33018<br/>US</b> | Mailing Address<br><b>P O BOX 651523<br/>MIAMI FL 33265<br/>US</b> |
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|------------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br><b>8165 NW 60 STREET</b> | 3. Mailing Address<br>Suite, Apt. #, etc. |
| Suite, Apt. #, etc.                                        | Suite, Apt. #, etc.                       |

|                                      |                        |
|--------------------------------------|------------------------|
| City & State<br><b>MIAMI FLORIDA</b> | City & State           |
| Zip<br><b>33166</b>                  | Country<br><b>U.S.</b> |

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| 4. FE# Number<br><b>65-0279986</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                              |                                       |
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| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
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| 6. Name and Address of Current Registered Agent<br><b>GONZALEZ, EULALIA<br/>1621 S.W. 137TH PLACE<br/>MIAMI FL 33175</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
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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.

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| SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | DATE |
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| <b>FILE NOW!!! FEE IS \$150.00.</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |                                                                                                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>GONZALEZ, EULALIA<br/>1621 S.W. 137TH PLACE<br/>MIAMI FL 33175</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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.

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| SIGNATURE: <i>Eulalia Gonzalez</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | <b>EULALIA GONZALEZ 4-25-2006 305-629-8223</b> |
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