


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M53832</b> 1. Entity Name <b>QUICK SAND &amp; FILL CORPORATION</b>	
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Principal Place of Business <b>12326 SW 132 CT MIAMI, FL 33186 US</b>	Mailing Address <b>P.O. BOX 65-1069 MIAMI, FL 33265-1069 US</b>
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**DO NOT WRITE IN THIS SPACE**



03282008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2813084</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>OLAVARRIA VIDAL, ANA 107 HARBOR DRIVE TAVERNIER, FL 33070</b>
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**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.

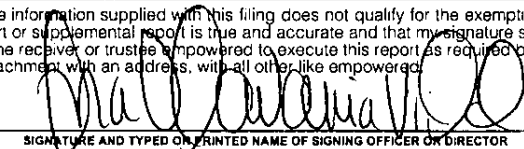
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000003903125 04/30/08-80033-011 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIDAL, ANTONIO 107 HARBOR DRIVE TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VIDAL, ANA OLAVARRIA 107 HARBOR DRIVE TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VIDAL, DANIEL 11035 SW 51 TERRACE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VIDAL, JAVIER 11035 SW 51 TERRACE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/08 (305) 227-3554**  
Date Daytime Phone #