2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 08:00 A Secretary of State **DOCUMENT # P02000092047** 1. Entity Name QUICK TRUCKING CORPORATION Principal Place of Business Mailing Address 1557 SW PITTS AVE 1557 SW PITTS AVE PORT ST LUCIE, FL 34953 PORT ST LUCIE, FL 34953 CR2E034 (11/05) 04042008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4209220 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LIBERTY BUSINESS SERVICES, INC. DO NOT WRITE 8204 NW 103RD ST. HIALEAH GARDENS, FL 33016 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, TITLE SANCHEZ, CARLOS M NAME STREET ADDRESS 1557 SW PITTS AVE 04/17/08-80065-021 150.00 CITY-ST-ZIP PORT ST LUCIE, FL 34953 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITEE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY - ST - ZIP TITLE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. If 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 off an interest of the repowered.

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR