2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-03-2006 90247 009 ***150.00

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1. Entity Name
QUIKSOLUTIONS CORP

Principal Place of Business	Mailing Address
8700 WEST FLAGER STREET 230 MIAMI, FL 33174	1711 SW 154 PATH MIAMI, FL 33185

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04282006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3080346 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
QUIK GROUP CORP ~~12964 SW 132 AVE.~~ ~~MIAMI, FL 33186~~	Name Street Address (P.O. Box Number is Not Acceptable): 1711 SW 154 PATH City: MIAMI FL Zip Code: 33185

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 04/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BOADA, ELIZABETH STREET ADDRESS 12964 SW 132 AVE. CITY-ST-ZIP MIAMI, FL 33186	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME BOADA, ELYN D STREET ADDRESS 1711 SW 154 PATH CITY-ST-ZIP MIAMI, FL 33185	☐ Delete	TITLE PRESIDENT NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE S NAME BOADA, LUIS J SR STREET ADDRESS 12964 SW 132 AVE. CITY-ST-ZIP MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME BOADA, LUIS J JR STREET ADDRESS 1711 SW 154 PATH CITY-ST-ZIP MIAMI, FL 33185	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 4/29/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #