

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2006 90247 009 ***150.00

DOCUMENT # P05000086026 1. Entity Name QUIKSOLUTIONS CORP					
Principal Place of Business 8700 WEST FLAGER STREET 230 MIAMI, FL 33174			Mailing Address 1711 SW 154 PATH MIAMI, FL 33185		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 QUIK GROUP CORP 12964 SW 132 AVE. MIAMI, FL 33186			7. Name and Address of New Registered Agent 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 04/28/06 Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		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 NAME STREET ADDRESS CITY - ST - ZIP	P BOADA, ELIZABETH 12964 SW 132 AVE. MIAMI, FL 33186	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOADA, ELYN D 1711 SW 154 PATH MIAMI, FL 33185	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BOADA, LUIS J SR 12964 SW 132 AVE. MIAMI, FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOADA, LUIS J JR 1711 SW 154 PATH MIAMI, FL 33185	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
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: _____ DATE 4/29/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					