


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 03, 2008 8:00 am**  
**Secretary of State**

06-17-2008 90002 009 \*\*\*158.75

**DOCUMENT # P05000098275**

1. Entity Name  
**QUICKSIGNS INC.**



Principal Place of Business  
**1339 SHOTGUN RD  
 SUNRISE, FL 33326**

Mailing Address  
**1132 CEDAR FALLS DR  
 WESTON, FL 33327**

**66015032**



05262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>32-0161250</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**RAMIREZ, XIMENA  
 1132 CEDAR FALLS DR  
 WESTON, FL 33327**

**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: XIMENA RAMIREZ XIMENA RAMIREZ 06/29/2008  
Signature, typed or printed name of registered agent and file if applicable. (NOT Registered Agent Signature required when reinitiating) DATE

**FILE NOW!!! FEE IS \$150.00  
 Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOMEZ, ROSA 1132 CEDAR FALLS DR WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RAMIREZ, ALBERTO 1132 CEDAR FALLS DR WESTON, FL 33327
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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: Rosa Gomez [Signature] 06/29/08  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR Date Date Here