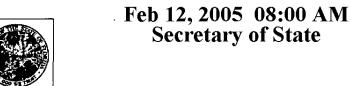
2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P99000099080 1. Entity Name 18 - K FLORIDA HOLDINGS INC.



01282005

Principal Place of Business_

C/O 2100 SALZEDO STREET

SUITE 300 MIAMI, FL 33134 Mailing Address

C/O 2100 SALZEDO STREET

SUITE 300 MIAMI, FL 33134



FILED

DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-0991647 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

					Fee Required
6. Name and Address of Current Registered Agent					<u> </u>
ARAZOZA & FERNANDEZ, P.A C/O 2100 SALZEDO STREET SUITE 300 CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE			
the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registers	за опісе от г	egistered agent, or po	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and titls	f applicable. (NOTE Registere	d Agent signature	required when reinstating)	DATE
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	000000226813 02/12/05-80031-013 150.00
10.	OFFICERS AND DIREC	TORS	=		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AIZENMAN, IGNACIO C/O 2100 SALZEDO STREET SUITE : CORAL GABELS, FL 33134	300			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		**************************************	<u>.</u>	IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	
TITLE					

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 withyan address, with all prior like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

02-07-05.

Davtime Phone #