


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90360 020 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000045516			
1. Entity Name 18 BROTHERS, INC.			
Principal Place of Business 1330 N.E. 161ST STREET NORTH MIAMI BEACH, FL 33162		Mailing Address 1330 N.E. 161ST STREET NORTH MIAMI BEACH, FL 33162	
2. Principal Place of Business		3. Mailing Address <i>c/o Lopez Accounting</i> <i>1800 W. 49 St.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>#121</i>	
City & State		City & State <i>Hialeah, FL.</i>	
Zip	Country	Zip	Country
		<i>33012</i>	<i>USA</i>
4. FEI Number 65-1100832		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHAZULLE, MILQUELLA M 1330 N.E. 161ST STREET NORTH MIAMI BEACH, FL 33162		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____			
FILE NOW!!! - FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to: Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD GUZMAN, CARMANIA 1330 N.E. 161ST STREET NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 with an address, with all other like empowered.			
SIGNATURE: <i>Carmenia A. Guzman</i>		Date: <i>4/24/03</i> Daytime Phone: <i>305-825-3537</i>	

CR2E034 (10/02)