

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000003595

FILED  
Jul 13, 2005  
Secretary of State

Entity Name: GROUP 18 INVESTMENTS INC.

## Current Principal Place of Business:

6065 N.W. 167TH STREET, BAY B-11  
MIAMI, FL 33015

## New Principal Place of Business:

## Current Mailing Address:

6065 N.W. 167TH STREET, BAY B-11  
MIAMI, FL 33015

## New Mailing Address:

FEI Number: 65-0972823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALAMA, LEA A ESQ.  
888 S.E. THIRD AVENUE  
SUITE 400  
FORT LAUDERDALE, FL 33316 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DIMITRI, RICARDO A  
Address: 6065 N.W. 167TH STREET, BAY B-11  
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete  
Name: ESQUENAZI, MORRIS  
Address: 19333 COLLINS AVENUE UNIT #2405  
City-St-Zip: SUNNY ISLES, FL 33160

Title: D ( ) Delete  
Name: DE MIZRAHI, METIN JACK  
Address: 301 RACQUET CLUB DRIVE #205  
City-St-Zip: WESTON, FL 33180

Title: VP ( ) Delete  
Name: SCHNEIDER, DANIEL MANUEL  
Address: 6065 NW 167 ST BAY B4  
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete  
Name: SALAMA T., ALBERTO M.  
Address: 401 HOLIDAY DRIVE  
City-St-Zip: HALLANDALE, FL 33009

Title: S ( ) Delete  
Name: DIMITRI, BEN  
Address: 2740 OAKBROOK LANE  
City-St-Zip: WESTON, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO M. SALAMA T.

D

07/13/2005

Electronic Signature of Signing Officer or Director

Date