


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 08:00 AM
Secretary of State

| | |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P0000074041 1. Entity Name 801-18 CORP. |  |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|

| | |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business 801 S.E 18TH CT. FT. LAUDERDALE FL 33316 | Mailing Address 333 SUNSET DR. APT. #702 FORT LAUDERDALE FL 33301 |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------|



| | | |
|--------------------------------|---------------------|-----|
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip |
| Country | Country | |

1st MOORE CR2E034 (10/05)

| | |
|------------------------------------|---------------------------------------------------------------------------------|
| 4. FEI Number 65-1057361 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|---------------------------------------------------------------------------------|

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent NEMEC-ZULLO, MARIE V 333 SUNSET DR. APT. #702 FORT LAUDERDALE FL 33301 | 7. Name and Address of New Registered Agent 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 _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 | | <input type="checkbox"/> Delete |
|----------------------------|---------------------------|---------------------------------|
| TITLE | PD | |
| NAME | NEMEC-ZULLO, MARIE | <input type="checkbox"/> |
| STREET ADDRESS | 333 SUNSET DR., APT. #702 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | |
| TITLE | VPD | <input type="checkbox"/> |
| NAME | ZULLO, C. JOHN | |
| STREET ADDRESS | 333 SUNSET DR., APT. #702 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------------------------------------------------------|--|---------------------------------|-----------------------------------|
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

U00000539337
05/09/06-80097-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: C. John Zullo, V.P. (954) 467-1574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date