2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000123847

Entity Name: 18 F SERVICES CORP

FILED Jan 10, 2006 Secretary of State

Littly Nai	ile. Jark	SERVICES COI	ΧΓ.						
Current Principal Place of Business:					New Principal Place of Business:				
5028 MILLENIA BLVD APT 306					2496 COBBLEFIELD CIR APOPKA, FL 32703 US				
ORLANDO, FL 32839 US									
Current Mailing Address:					New Mailing Address:				
5028 MILLI APT 306	028 MILLENIA BLVD				2496 COBBLEFIELD CIR APOPKA, FL 32703 US				
), FL 32839) US		,	A OTTO, I E 32100 00				
FEI Number:	45-0491782	FEI Numbe	r Applied For()	FEI Numb	er Not Appli	cable ()	Certificate of Sta	atus Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
SUITE 246 ORLANDO The above), FL 32819 named ent e of Florida.	US	statement for the p	ourpose of o	changing it	s registere	d office or register	ed agent, or both,	
Electronic Signature of Registered Agent					 Date				
Election Car	npaign Finan	cing Trust Fund (Contribution ().						
OFFICERS AND DIRECTORS:				A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:		() Delete EAN C :NIA BLVD APT 30 FL 32839 US	6	N A	itle: lame: .ddress: city-St-Zip:		(X) Change () Additi EAN C BLEFIELD CIR L 32703 US	on	
Title: Name: Address: City-St-Zip:		() Delete SIMONE :NIA BLVD APT 30 FL 32839 US	6	N A	itle: lame: .ddress: city-St-Zip:		(X) Change () Additi SIMONE BLEFIELD CIR L 32703 US	on	
Title:	DS	() Delete		Т	ïtle:	S	(X) Change () Additi	on	

Name: ROCHA GOMES, WALLACE 1449 SOUTH KIRKMAN RD APT 2022 Address City-St-Zip: ORLANDO, FL 32811 US

() Delete

Title: DT (X) Delete GOMES DA COSTA, PAULO Name: Address: 4793 CASON COVER APT 806 ORLANDO, FL 32811 US City-St-Zip:

Title: () Change () Addition

GOMES DA COSTA, PAULO

ORLANDO, FL 32811 US

4793 CASON COVER APT 806

(X) Change () Addition

Name: Address: City-St-Zip:

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 Chapter 119, 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: JEAN CARLOS FLORES Ρ 01/10/2006