


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000118267
 1. Entity Name
 EIGHTEEN STARS TRADING CORPORATION



Principal Place of Business
 4925 BEACH BOULEVARD
 JACKSONVILLE, FL 32207

Mailing Address
 4925 BEACH BOULEVARD
 JACKSONVILLE, FL 32207



01252005 No Chg-P CR2E034 (10/03)

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4. FEI Number
 30-0219890

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SAFER, ELIOT J
 10110 SAN JOSE BLVD.
 JACKSONVILLE, FL 32257

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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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000210750
 02/02/05-80092-008 150.00

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PSTD
 TROMBERG, MARTHA
 4925 BEACH BOULEVARD
 JACKSONVILLE, FL 32207

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 TROMBERG, FRED
 4925 BEACH BOULEVARD
 JACKSONVILLE, FL 32207

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VPSD
 TROMBERG, MARTHA
 4925 BEACH BOULEVARD
 JACKSONVILLE, FL 32207

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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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)(f), 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: MARtha R. Tromberg MARTHA R. TROMBERG 2/1/05 (904)360-0088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #