


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90304 044 ***150.00

DOCUMENT # P03000137727 1. Entity Name F18 ENTERPRISES CORP.	
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Principal Place of Business 5623 NW 119TH WAY CORAL SPRINGS, FL 33076	Mailing Address 5623 NW 119TH WAY CORAL SPRINGS, FL 33076
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DO NOT WRITE IN THIS SPACE

	
04112005 No Chg-P CR2E034 (10/03)	
4. FEI Number 20-0419066	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANTUNES, RONEY LINO 5623 NW 119TH WAY CORAL SPRINGS, FL 33076	DO NOT WRITE IN THIS SPACE
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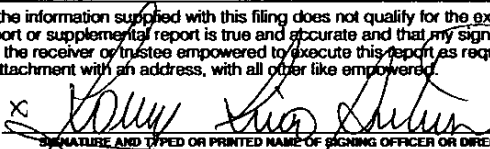
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ANTUNES, RONEY LINO 5623 NW 119TH WAY CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ANTUNES, MARIA IVONE 5623 NW 119TH WAY CORAL SPRINGS, FL 33076
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DO NOT WRITE IN THIS SPACE	

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____