


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90025 038 ***150.00

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DOCUMENT # P04000008841 1. Entity Name STAR 18 CORP.																																																																																																																																																											
Principal Place of Business 150 SE 2ND AVENUE, STE. 1200 MIAMI, FL 33131			Mailing Address 150 SE 2ND AVENUE, STE. 1200 MIAMI, FL 33131																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. 1400		3. Mailing Address 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. 1400																																																																																																																																																									
City & State MIAMI, FL		City & State MIAMI, FL																																																																																																																																																									
Zip 33131	Country USA	Zip 33131	Country USA	4. FEI Number 20-1613120																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent ROSEN, BORIS 150 SE 2ND AVENUE, STE. 1200 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name ROSEN, BORIS Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DRIVE STE 1400 City MIAMI FL Zip Code 33131																																																																																																																																																								
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 <u><i>Boris Rosen</i></u> (NOTE: Registered Agent signature required when reinstating) 1-12-07																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>DPT MIZRAHI, ELIAS</td> <td></td> <td>STREET ADDRESS</td> <td>(DPT) MIZRAHI, ELIAS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>150 SE 2ND AVENUE, STE. 1200</td> <td></td> <td>CITY-ST-ZIP</td> <td>1001 BRICKELL BAY DRIVE STE 1400</td> <td></td> </tr> <tr> <td></td> <td>MIAMI, FL 33131</td> <td></td> <td></td> <td>MIAMI, FL 33131</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DS</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>(DS) MIZRAHI, MOISES</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MIZRAHI, MOISES</td> <td></td> <td>NAME</td> <td>1001 BRICKELL BAY DRIVE STE 1400</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>150 SE 2ND AVENUE, STE. 1200</td> <td></td> <td>STREET ADDRESS</td> <td>MIAMI, FL 33131</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33131</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	DPT MIZRAHI, ELIAS		STREET ADDRESS	(DPT) MIZRAHI, ELIAS		CITY-ST-ZIP	150 SE 2ND AVENUE, STE. 1200		CITY-ST-ZIP	1001 BRICKELL BAY DRIVE STE 1400			MIAMI, FL 33131			MIAMI, FL 33131		TITLE	DS	<input type="checkbox"/> Delete	TITLE	(DS) MIZRAHI, MOISES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MIZRAHI, MOISES		NAME	1001 BRICKELL BAY DRIVE STE 1400		STREET ADDRESS	150 SE 2ND AVENUE, STE. 1200		STREET ADDRESS	MIAMI, FL 33131		CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>ELIAS MIZRAHI</i></u> 01/24/07 305-5997452 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date Daytime Phone #</small>																																																																																																																																																											