

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000043612

**FILED**  
**Feb 18, 2008**  
**Secretary of State**

**Entity Name:** OCEANS 18 INVESTMENTS, INC.

**Current Principal Place of Business:**

5804 SEMINOLE WAY  
HOLLYWOOD, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

5804 SEMINOLE WAY  
HOLLYWOOD, FL 33314

**New Mailing Address:**

3868 NE 169 ST  
403  
N.MIAMI BEACH, FL 33160

**FEI Number:** 51-0570715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARISI, PETER P  
4045 N.W. 16TH. STREET, SUITE 111  
FT. LAUDERDALE, FL 33313 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: COHEN, SHIMON  
Address: 3836 N.E. 169TH. STREET  
City-St-Zip: MIAMI BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: COHEN, SHIMON  
Address: 3836 N.E. 169TH. STREET #403  
City-St-Zip: MIAMI BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify 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:** SHIMON COHEN

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02/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date