2005 FOR PROFIT CORPORATION

FILED AM

ANNUAL RE	PORT	Jan 21, 2005 08:00 A
DOCUMENT # P95000056720 1. Entity Name 18TH STREET CORPORATION		Secretary of State
7700 CONGRESS AVENUE 7700 SUITE 3100 - SUI	ing Address 00 Congress Avenue ITE 3100 CA RATON, FL 33487 US	
DO NOT WRITE IN	THIS SPACE	01122005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For
445	i sa	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registe	red Agent	
FELUREN, MARK S 2200 NORTH COMMERCE PKWY SUITE 202 WESTON, FL 33326	}	DO NOT WRITE IN THIS SPACE
• The charge game digatity authority this statement (or the pro-	roppe of signation in registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	pose of calculating to registered curve of regis	Epica agont, or good, in the date of rolled. I am unimal may also accord
SIGNATURE	pplicable. (NOTE, Registered Agent signature requi	ired when reinstaling) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		5.00 May Be dded to Fees
10. OFFICERS AND DIRECT	ORS	
TITUE DPT NAME DANBURG, JAMIE A STREET ADDRESS 7700 CONGRESS AVENUE, SUITE 310 CITY-ST-ZIP BOCA RATON, FL 33487	00	U00000187802
TITLE NAME STREET ADDRESS CITY-ST-ZIP		01/24/05-80029-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-SY-ZIP		
TITLE NAME	=	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 of trustes 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 artifects, with all other like empowered.

SIGNATURE: .

STREET ADDRESS CITY-ST-ZIP

TOTAL OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR