## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P95000056720

1. Entity Name
18TH STREET CORPORATION



Principal Place of Business

Mailing Address

7700 CONGRESS AVENUE

BOCA RATON, FL 33487

**SUITE 3100** 

CITY-ST-ZIP

SIGNATURE:

7700 CONGRESS AVENUE

SUITE 3100 BOCA RATON, FL 33487

US

## FILED Apr 04, 2007 08:00 All Secretary of State



DO NOT WRITE IN THIS SPACE

02192007 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0598393 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FELUREN, MARK S 2200 NORTH COMMERCE PKWY SUITE 202 WESTON, FL 33326

## DO NOT WRITE IN THIS SPACE

|                                                                                                              | named entity submits this statement for the prions of registered agent.  | urpose of changing its registere      | ed office or r                | egistered agent, or bo         | th, in the State of Florida. I am familiar with, and accept |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------|-------------------------------|--------------------------------|-------------------------------------------------------------|
| SIGNATURE_                                                                                                   | Signature, typed or printed name of registered agent and title it        | applicable. (NOTE; Registered         | d Agent signature             | required when reinstating)     | DATE                                                        |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Trust Fund Contribu |                                                                          |                                       | ncing                         | \$5.00 May Be<br>Added to Fees |                                                             |
| 10.                                                                                                          | OFFICERS AND DIREC                                                       | TORS                                  |                               |                                |                                                             |
| TITLE NAME STREET ADDRESS C(TY-ST-Z)P                                                                        | DPT DANBURG, JAMIE A 7700 CONGRESS AVENUE, SUITE 31 BOCA RATON, FL 33487 | 100                                   | V00000688700                  |                                |                                                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                        |                                                                          |                                       |                               |                                | 04/11/07-80006-007 150.00                                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                        |                                                                          | · · · · · · · · · · · · · · · · · · · | DO NOT WRITE<br>IN THIS SPACE |                                |                                                             |
| NAME STREET ADDRESS CITY-ST-ZIP                                                                              |                                                                          |                                       |                               |                                |                                                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                        |                                                                          |                                       |                               |                                |                                                             |
| TITLE NAME STREET ADDRESS                                                                                    |                                                                          |                                       |                               |                                |                                                             |

12. I hereby certify that the information supplied with this filling does not quality 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 at otherwise empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR