

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000056611

1. Entity Name
8918, INC.



Principal Place of Business
20650 HIGHLAND LAKES BLVD
N MIAMI BEACH, FL 33179

Mailing Address
20650 HIGHLAND LAKES BLVD
N MIAMI BEACH, FL 33179



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0845596

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FABIAN, HOWARD
20650 HIGHLAND LAKES BLVD
N MIAMI BEACH, FL 33179

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IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME FABIAN, HOWARD
STREET ADDRESS 20650 HIGHLAND LAKES BLVD
CITY-ST-ZIP N MIAMI BEACH, FL 33179

TITLE D
NAME FABIAN, HOWARD
STREET ADDRESS 20650 HIGHLAND LAKES BLVD
CITY-ST-ZIP N MIAMI BEACH, FL 33179

TITLE
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000000004955
01/15/04-80034-011 150.00

**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)(f), 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

1/12/04

305 936 2466

Date

Daytime Phone #