2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State
03-13-2006 90052 006 ***150.00

DOCUMENT # P99000099080
1. Entity Name
18 - K FLORIDA HOLDINGS INC.

400283641

03022006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
C/O 2100 SALZEDO STREET SUITE 300 MIAMI, FL 33134	C/O 2100 SALZEDO STREET SUITE 300 MIAMI, FL 33134

2. Principal Place of Business		3. Mailing Address	
Balmoral Condominium Association		Ignacio Aizenman J.B.C. S30#220	
Suite, Apt. #, etc.: 9801 Collins Avenue		Suite, Apt. #, etc.: P.O. Box 025240	
City & State: Miami, Florida		City & State: Miami, Florida	
Zip: 33154	Country: Bal Harbour	Zip: 33102	Country:

4. FEI Number 65-0991647 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARAZOZA & FERNANDEZ, P.A
C/O 2100 SALZEDO STREET
SUITE 300
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	D P ☑ Change ☐ Addition
NAME	AIZENMAN, IGNACIO	NAME	Aizenman, Ignacio J.B.C. S30#220
STREET ADDRESS	C/O 2100 SALZEDO STREET SUITE 300	STREET ADDRESS	P.O. Box 025240
CITY-ST-ZIP	CORAL GABELS, FL 33134	CITY-ST-ZIP	Miami, Florida 33102
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 03/06/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #