

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # V14536

1. Entity Name
SHOPPES ON 18TH STREET, INC.



Principal Place of Business

6018 SE 18TH STREET
SUITE C-7
BOCA RATON, FL 33433 US

Mailing Address

6018 SE 18TH STREET
SUITE C-7
BOCA RATON, FL 33433 US



03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0320951

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOICE, YVONNE S
6018 SW 18TH STREET
SUITE C-7
BOCA RATON, FL 33433

**DO NOT WRITE
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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME BOICE, YVONNE S
STREET ADDRESS 6018 SW 18TH STREET SUITE C-7
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE VTS
NAME BOICE, LAUREN A
STREET ADDRESS 6018 SW 18TH STREET-SUITE C-7
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000670010
03/27/07-80095-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Yvonne S. Boice
Yvonne S. Boice

TITLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07 561-338-8443

Date

Daytime Phone #