2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

FILED Mar 24, 2008 08:00 Al Secretary of State

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1. Entity Name

SHOPPES ON 18TH STREET, INC.



Principal Place of Business

. Mailing Address

6018 SE 18TH STREET

6018 SE 18TH STREET

SUITE C-7

BOCA RATON, FL 33433

SUITE C-7 BOCA RATON, FL 33433

03202008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0320951

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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	s statement for the pur	rpose of changing its registere	d office or registered.	agent, or both, in the State	of Florida. I	am familiar with, and accept
	the obligations of registered agent.	¬					
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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/q9/q8-80009-006 150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOICE, YVONNE S 6018 SW 18TH STREET SUITE C-7 BOCA RATON, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS BOICE, LAUREN A 6018 SW 18TH STREET-SUITE C-7 BOCA RATON, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	

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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

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP