


**2004 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90010 018 \*\*\*150.00

**DOCUMENT # P03000137727**

1. Entity Name  
**F18 ENTERPRISES CORP.**



Principal Place of Business      Mailing Address  
 5623 NW 119TH WAY      5623 NW 119TH WAY  
 CORAL SPRINGS, FL 33076      CORAL SPRINGS, FL 33076

**66424476**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04142004      Chg-P      CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**ANTUNES, RONEY LINO**  
 5623 NW 119TH WAY  
 CORAL SPRINGS, FL 33076

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>ANTUNES, RONEY LINO<br>5623 NW 119TH WAY<br>CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>ANTUNES, MARIA IVONE<br>5623 NW 119TH WAY<br>CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 *Roney Lino* Director      Date 04-14-04