

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6) AND/OR

OMB	APPROV	ΑL

SEC USE ONLY

E

OMB Number:

3235-0076

Expires:

April 30, 2008

Estimated average burden hours per form

Prefix

16.00

Serial

	UNIFORM LIMITED OFFE	•	'	DATE RECEIVE	D
Name of Offering (☐ check if this is an SRKP 18, INC.	amendment and name has chang	ged, and indicate chan	ge.)		<u>.</u> .
Filing Under (Check box(es) that apply:)		5 🗵 Rule 506	☐ Section 4(6	S) ULOE	
Type of Filing: ☐ New Filing ☑ Am	nendment				1101
.		ITIFICATION DAT	Α		
Enter the information requested about	ıt the issuer				MM
Name of Issuer (check if this is an	amendment and name has chan	ged, and indicate char	nge.)	HIR IIII III III III III III III III III	[[166]
SRKP 18, INC.				07079909	
Address of Executive Offices 4737 North Ocean Drive, Sui	(Number and Street, City, Ste 207, Lauderdale by the Se	State Zip Code) ea, FL 33308-2920	Telephone	Number (including Area C (310) 203-2902	ode)
Address of Principal Business Operation	ns (Number and Street, City	, State and Zip Code)	Telephone	Number (Including Area C	ode)
(if different from Executive Offices) I	Not Applicable		Not Appl	icable	
Brief Description of Business:					
				PROC	ESSED
Type of Business Organization					
☑ corporation	limited partnership, alr	•	other (please	specify): DOCT 1	B 2007
D business trust	☐ limited partnership, to	be formed		Prince	
		onth Year	_	FINAN	SUN CIAL
Actual or Estimated Date of Incorporation	n or Organization:	2 0 6	S ⊠ Act	ual Estimated	
Jurisdiction of Incorporation or Organiza	tion: (Enter two-letter U.S	S. Postal Service abbre	eviation for		

1403794

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

State: CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address,

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA								
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒	Director		General and/or Managing Partner					
Full Name (Last name first, if individual) Rappaport, Richard								
Business or Residence Address (Number and Street, City, State, Zip Code)								
4737 North Ocean Drive, Suite 207, Lauderdale by the Sea, FL 33308-2920								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒	Director		General and/or Managing Partner					
Full Name (Last name first, if individual) Pintsopoulos, Anthony C.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
4737 North Ocean Drive, Suite 207, Lauderdale by the Sea, FL 33308-2920								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐	Director		General and/or Managing Partner					
Full Name (Last name first, if individual)		·						
Business or Residence Address (Number and Street, City, State, Zip Code)			·····					
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐	Director		General and/or Managing Partner					
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)		· · · · · · · · · · · · · · · · · · ·						
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐	Director		General and/or Managing Partner					
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐	Director		General and/or Managing Partner					
Full Name (Łast name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐	Director		General and/or Managing Partner					
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		· ·		В	INFORMA	TION ABO	UT OFFERI	NG				
1. Has th	e issuer sol	d, or does t	he issuer int	end to sell,	to non-accr	edited inves	tors in this	offering?			Yes	No ⊠
2. What i	is the minim	um investm	ent that will	be accepte	d from any i	ndividual?						in/a
Does the offering permit joint ownership of a single unit?								Yes ⊠	No □			
commi a pers states,	ission or sin on to be list , list the nan	nilar remune ed is an ass ne of the br	sted for eace eration for so sociated persocker or deal forth the info	olicitation of son or agen ler. If more	f purchasers It of a broke than five (5	s in connect r or dealer re b) persons to	ion with sale egistered wo be listed a	es of securi ith the SEC	ties in the o and/or with	ffering. If a state or		
Full Name Not applica	(Last name able	first, if indi	vidual)									
Business	or Residence	e Address (Number and	l Street, Cit	y, State, Zip	Code)						
Name of A	ssociated B	Broker or De	aler									
			s Solicited o							110011001100110011001		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	(ME)	[MD]	(MA)	[MI]	[MN]	[MS]	[OM]
[MT]	(NE)	[NV]	[NH]	[NJ]	(NM)	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	(SD)	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	. , [PR]
	or Residence	•	Number and	Street, City	y, State, Zip	Code)						
			s Solicited o	r Intende to	Solicit Dur	haeara						
			vidual State				***************					All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	(ID)
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI] Full Name	[SC] (Last name	[SD]	(TN)	[ТХ]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			,									
Business of	or Residence	e Address (I	Number and	Street, City	, State, Zip	Code)		•				
Name of A	ssociated B	roker or De	aler									
			s Solicited o									All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	(KS)	[KY]	[LA]	[ME]	[MD]	[MA]	(MI)	[MN]	[MS]	(MO)
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 🗵 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold**
	Debt	\$	None	\$	None
	Equity		7,500.17	\$	7,500.17
	☑ Common ☐ Preferred	-	,		
	Convertible Securities (including warrants)	\$_	709.54*	\$_	None
	Partnership Interests	\$_	None	\$	None
	Other (Specify))	\$_	None	\$	None
	Total	\$	8,209.71	\$	7,500.17
	Answer also in Appendix, Column 3, if filing under ULOE.	_	· · · · · · · · · · · · · · · · · · ·		
2 th in	arrants exercisable at \$.0001 per share. Enter the number of accredited and non-accredited investors who have purchased securities in his offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, adicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors		Dollar Amount of Purchases
	Accredited Investors	_	9	\$_	7,500.17
	Non-accredited Investors		00	_\$_	0
	Total (for filings under Rule 504 only)			\$	
se pi	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all ecurities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months rior to the first sale of securities in this offering. Classify securities by type listed in Part -Question 1. Type of offering		Type of Security		Dollar Amount Sold
	Rule 505		N/A	•	N/A
	Regulation A		N/A	. \$_	N/A
	Rule 504	_		- \$_	
		_	N/A	. \$_	N/A
	Total	_	N/A	. \$_	N/A
se Ti	a. Furnish a statement of all expenses in connection with the issuance and distribution of the ecurities in this offering. Exclude amounts relating solely to organization expenses of the issuer, he information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$_	0
	Printing and Engraving Costs			\$_	0
	Legal Fees		×	\$_	10,000
	Accounting Fees			\$_	0
	Engineering Fees			\$_	0
	Sales Commissions (specify finders' fees separately)			\$_	0
	Other Expenses (identify)			\$_	
	Total		(C)	•	10 000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMBER OF IN	IVESTORS, EXPENSES AN	DΨ	SE OF P	ROCEE	DS			
	b. Enter the difference between the aggregate offering pri C - Question 1 and total expenses furnished in response to difference is the "adjusted gross proceeds to the issuer."	ce given in response to Part Part C - Question 4.a. This	t i		•	×	\$	(1,790.29)	<u> </u>
5.	Indicate below the amount of the adjusted gross proce proposed to be used for each of the purposes shown. If th not known, furnish an estimate and check the box to the left the payments listed must equal the adjusted gross procee response to Part C - Question 4.b. above.	e amount for any purpose is of the estimate. The total of	i F						
				Paymer Office Directo Affilia	ers, irs, &			Payments T Others	o
	Salaries and Fees		\$_				\$_		
	Purchase of real estate		\$_						
	Purchase, rental or leasing and installation of machinery and	d equipment	\$_				\$_		
	Construction or leasing of plant buildings and facilities		\$						
	Acquisition of other businesses (including the value of secur offering that may be used in exchange for the assets or s issuer pursuant to a merger)	ecurities of another	\$				_		
	Repayment of indebtedness		_						
	Working capital					•			
	Other (specify)		_			-			
	Column Totals		_			•			
			-			-			
	Total Payments Listed (column totals added)			図 \$_		(1,79	0.29)	
_	D. FE	DERAL SIGNATURE			·				
Ş	he issuer has duly caused this notice to be signed by the unde ignature constitutes an undertaking by the issuer to furnish to be information furnished by the issuer to any non-accredited in	the U.S. Securities and Ex	cha	nge Comr	nission,				
Issi	uer (Print or Type) SRKP 18, INC.	gnature Layye	a j		Date Sept	emb	erV	8 , 2007	
Nai	i i	tle (Print or Type)	/-						
	Richard Rappaport	, .		Presi	dent				
	•								
						. 2		\mathcal{ND}	
						•			
		ATTENTION							

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).