

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 236508**

1. Entity Name  
F. D. G. INC.



Principal Place of Business  
913 HAMONDVILLE ROAD  
POMPAHO BCH, FL 33060 US

Mailing Address  
C/O BARBARA GOGGIO  
500 MERRICK ROAD  
ROCKVILLE CENTRE, NY 11570 US



06292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0899583

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SLEBODNIK, DONNA ESQ.  
1551 FORUM PLACE  
SUITE 200D  
WEST PALM BEACH, FL 33401

**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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	FREDERICK, BLANCHE
STREET ADDRESS	695 BIRCHWOOD DRIVE
CITY-ST-ZIP	WESTBURY, NY
TITLE	SD
NAME	GOGGIO, ESTHER M
STREET ADDRESS	3500 GALT OCEAN DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	TD
NAME	GOGGIO, BARBARA
STREET ADDRESS	500 MERRICK ROAD
CITY-ST-ZIP	ROCKVILLE CENTRE, NY 11570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000371771  
07/11/05-80002-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/05

Date

516-764-4467

Daytime Phone #