


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 282378
 1. Entity Name
 F. D. G. LAUDERDALE, INC.



Principal Place of Business: 1000 NW 6TH ST, FT LAUDERDALE, FL 33061 US
 Mailing Address: C/O BARBARA GOGLIO, 500 MERRICK ROAD, ROCKVILLE CENTRE, NY 11570 US

DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-1052520 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SLEBODNIK, DONNA R ESQ.
 1551 FORUM PLACE
 SUITE 200D
 WEST PALM BEACH, FL 33401

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 DR.
CITY-ST-ZIP	WESTBURY, NY
TITLE	SD
NAME	GOGLIO, ESTHER M
STREET ADDRESS	3500 GALT OCEAN DR.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	TD
NAME	GOGLIO, 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	

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 07/11/05-80002-023 150.00

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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)(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: Esther M Goglio 7/5/05 514-764-4467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #