

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90070 041 ***150.00

DOCUMENT # F38565

1. Entity Name
DICANDRIEN, INC.



Principal Place of Business
5400 FAIRCHILD WAY
CORAL GABLES, FL 33156

Mailing Address
5400 FAIRCHILD WAY
CORAL GABLES, FL 33156

50001184



2. Principal Place of Business - No P.O. Box #
5801 SW 107 ST
Suite, Apt. #, etc.

3. Mailing Address
5801 SW 107 ST
Suite, Apt. #, etc.

03142008 Chg-P CR2E034 (12/06)

City & State
MIAMI FL
Zip
33156
Country

City & State
MIAMI FL
Zip
33156
Country

4. FEI Number
59-2127031
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLON, THEODORE
5400 FAIRCHILD WAY
CORAL GABLES, FL 33156

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	DS	<input type="checkbox"/> Delete
NAME	BOBB, DIANE	
STREET ADDRESS	274 OLD MOUNTAIN ROAD	
CITY-ST-ZIP	PORT JERVIS, NY 12771	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MILLON, RENEE	
STREET ADDRESS	5400 FAIRCHILD WAY	
CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE	DCP	<input type="checkbox"/> Delete
NAME	MILLON, THEODORE	
STREET ADDRESS	5400 FAIRCHILD WAY	
CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLON HEMSLEY, ADRIENNE	
STREET ADDRESS	14 IDLEWOOD RD	
CITY-ST-ZIP	WHITE PLAINS, NY 10605	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLON, ANDREW	
STREET ADDRESS	5400 FAIRCHILD WAY	
CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	NIEDBALA, CAROLYN, M	
STREET ADDRESS	5801 SW 107TH ST	
CITY-ST-ZIP	MIAMI, FL 33156	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Theodore Millon THEODORE MILLON 3.21.08 305-662-2022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #