

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000045319

Entity Name: CADINI SHOPS, INC.

**FILED**  
**May 08, 2006**  
**Secretary of State****Current Principal Place of Business:**18456 NE 2ND AVE  
MIAMI, FL 33179**New Principal Place of Business:****Current Mailing Address:**18456 NE 2ND AVE  
MIAMI, FL 33179**New Mailing Address:**

FEI Number: 02-0741126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**COHEN, ADAM  
16465 NE 22ND AVE  
309  
MIAMI, FL 33179 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: MGRM ( ) Delete  
Name: COHEN, ADAM  
Address: 16456 NE 22ND AVE # 309  
City-St-Zip: MIAMI, FL 33179 USTitle: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: MGRM ( ) Change (X) Addition  
Name: GRUPPO CADINI,  
Address: VIA DEL LASCA 14  
City-St-Zip: FIRENZE, IT 50133 IT

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COHEN ADAM

MGRM

05/08/2006

Electronic Signature of Signing Officer or Director

Date