

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045319

FILED  
May 10, 2007  
Secretary of State

Entity Name: CADINI SHOPS, INC.

**Current Principal Place of Business:**

18456 NE 2ND AVE  
MIAMI, FL 33179

**New Principal Place of Business:**

18456 NE 2ND AVE  
MIAMI, FL 33179 US

**Current Mailing Address:**

18456 NE 2ND AVE  
MIAMI, FL 33179

**New Mailing Address:**

18456 NE 2ND AVE  
MIAMI, FL 33179 US

FEI Number: 02-0741126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DERHY FINANCIAL SERVICES LLC  
99 NW 183RD ST  
112  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

DERHY FINANCIAL SERVICES LLC  
99 NW 183RD ST  
1138  
MIAMI, FL 33169 US

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: DERHY DVIR

05/10/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MGRM (X) Delete  
Name: COHEN, ADAM  
Address: 16456 NE 22ND AVE # 309  
City-St-Zip: MIAMI, FL 33179 US

Title: MGRM ( ) Delete  
Name: GRUPPO CADINI,  
Address: VIA DEL LASCA 14  
City-St-Zip: FIRENZE, IT 50133 IT

Title: MGRM ( ) Delete  
Name: EILIAN, NATAN  
Address: 16710 NE 9TH AVE # 504  
City-St-Zip: MIAMI, FL 33162 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: GRUPPO CADINI,  
Address: VIA DEL LASCA 14  
City-St-Zip: FIRENZE, IT 50133 IT

Title: P (X) Change ( ) Addition  
Name: EILIAN, NATAN  
Address: 16710 NE 9TH AVE # 504  
City-St-Zip: MIAMI, FL 33162 US

I hereby certify that the information supplied with this filing does not qualify 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: EILIAN NATAN

P

05/10/2007

Electronic Signature of Signing Officer or Director

Date