


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 25, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # P05000045319</b> 1. Entity Name <b>CADINI SHOPS, INC.</b>	
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Principal Place of Business <b>18456 NE 2ND AVE MIAMI, FL 33179 US</b>	Mailing Address <b>18456 NE 2ND AVE MIAMI, FL 33179 US</b>
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04162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>02-0741126</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

<b>DERHY FINANCIAL SERVICES LLC 99 NW 183RD ST 1138 MIAMI, FL 33169</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

U000000922480  
05/15/08-80048-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GRUPPO CADINI VIA DEL LASCA 14 FIRENZE, IT 50133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P EILIAN, NATAN 16710 NE 9TH AVE # 504 MIAMI, FL 33162</b>
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**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-08 3057700083

Date

Daytime Phone #