

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 A
Secretary of State

DOCUMENT # P99000106369

1. Entity Name
FADKIDJ VARIETY STORE CORPORATION



Principal Place of Business
**8272 NE 2ND AVENUE STE A
MIAMI, FL 33138**

Mailing Address
**8272 NE 2ND AVENUE STE A
MIAMI, FL 33138**



01272007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1000252

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BOYER, DENIS
511 N.E. 175TH STREET
N. MIAMI, FL 33162**

**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 _____ 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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☒ **\$5.00 May Be
Added to Fees**

**U00000729009
05/08/07-80019-021 163.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYER, DENIS 511 N.E. 175TH STREET N. MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAROCHELLE, JUDITH 511 N.E. 175TH STREET N. MIAMI, FL 33162
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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: *Denise Boyer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/07 *305-757-4915*
Date Daytime Phone #