

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 21, 2008 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**



04102008 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05/07/08-80047-023 158.75

**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	D
NAME	BOYER, DENIS
STREET ADDRESS	511 N.E. 175TH STREET
CITY-ST-ZIP	N. MIAMI, FL 33162
TITLE	D
NAME	LAROCHELLE, JUDITH
STREET ADDRESS	511 N.E. 175TH STREET
CITY-ST-ZIP	N. MIAMI, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** Dennis Boyer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08  
Date

305-757-4915  
Daytime Phone #