


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # V71363 1. Entity Name FDN ENTERPRISES, INC.	
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Principal Place of Business 13185 NW 47 AVE OPA LOCKA, FL 33054 US	Mailing Address 13185 NW 47 AVE OPA LOCKA, FL 33054 US
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0361771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KRIGER, MOISES 13185 NW 47 AVE OPA LOCKA, FL 33054

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KRIGER, MOISES 13185 N.W. 47TH AVE. OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KRIGER, NELSON E. 13185 N.W. 47TH AVE. OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS KRIGER, LIDIA 13185 NW 47TH AVE. OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT KRIGER, FRANK J. 13185 NW 47TH AVE. OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Frank J Kriger 1/13/04 (305) 688-6054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State Phone #