

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90084 040 \*\*\*150.00

**DOCUMENT # V71363**

1. Entity Name  
**FDN ENTERPRISES, INC.**



Principal Place of Business  
~~43185 NW 47 AVE~~  
**OPA LOCKA, FL 33054** US

Mailing Address  
~~43185 NW 47 AVE~~  
**OPA LOCKA, FL 33054** US

**50008511**

2. Principal Place of Business  
**4500 NW 135<sup>th</sup> Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**4500 NW 135<sup>th</sup> Street**  
Suite, Apt. #, etc.



01252005 Chg-P CR2E034 (10/03)

City & State  
**OPA LOCKA, FL**  
Zip  
**33054** Country  
**USA**

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**OPA LOCKA, FL**  
Zip  
**33054** Country  
**USA**

4. FEI Number  
**65-0361771** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**KRIGER, MOISES**  
~~43185 NW 47 AVE~~  
**OPA LOCKA, FL 33054**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**4500 NW 135<sup>th</sup> Street**  
City **OPA LOCKA** FL Zip Code **33054**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May, 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRIGER, MOISES <del>13185 NW 47TH AVE</del> OPA LOCKA, FL 33054 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KRIGER, NELSON E. <del>43185 NW 47TH AVE</del> OPA LOCKA, FL 33054 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KRIGER, LIDIA <del>13185 NW 47TH AVE</del> OPA LOCKA, FL 33054 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT KRIGER, FRANK J. <del>13185 NW 47TH AVE</del> OPA LOCKA, FL 33054 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4500 NW 135<sup>th</sup> Street</b> <b>OPA LOCKA, FL 33054</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4500 NW 135<sup>th</sup> Street</b> <b>OPA LOCKA, FL 33054</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4500 NW 135<sup>th</sup> Street</b> <b>OPA LOCKA, FL 33054</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4500 NW 135<sup>th</sup> Street</b> <b>OPA LOCKA, FL 33054</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

**1/25/05 (305) 688-6054**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #