

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # V71363

1. Entity Name
FDN ENTERPRISES, INC.



Principal Place of Business
4500 NW 135TH STREET
OPA LOCKA, FL 33054 US

Mailing Address
4500 NW 135TH STREET
OPA LOCKA, FL 33054 US



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
4500 NW 135TH STREET
OPA LOCKA, FL 33054

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KRIGER, MOISES
STREET ADDRESS	4500 NW 135TH STREET
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	DV
NAME	KRIGER, NELSON E.
STREET ADDRESS	4500 NW 135TH STREET
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	DS
NAME	KRIGER, LIDIA
STREET ADDRESS	4500 NW 135TH STREET
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	DVT
NAME	KRIGER, FRANK J.
STREET ADDRESS	4500 NW 135TH STREET
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000731294
05/08/07-80116-014 150.00

**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 Frank J Kriger 4/20/07 (305) 953-6317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #