2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008
Secretary of State

DOCUMENT# P03000055180

Entity Name: ARDAMA INC.

Current Principal Place of Business:

6707 NW 169 ST
APT # A-302
MIAMI LAKES, FL 33015

New Principal Place of Business:

Current Mailing Address:

6707 NW 169 ST
APT # A-302
MIAMI LAKES, FL 33015

New Mailing Address:

FEI Number: 33-1058239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANUEL, MIGUELENA
6707 NW 169 ST
APT # A-302
MIAMI LAKES, FL 33015 US

Name and Address of New Registered Agent:

MIGUELENA, MANUEL
6707 NW 169 ST
APT # A-302
MIAMI LAKES, FL 33015 US

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.

SIGNATURE: MANUEL MIGUELENA 07/31/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MANUEL, MIGUELENA
Address: 6707 NW 169 ST, # A-302
City-St-Zip: MIAMI LAKES, FL 33015

Title: VP ( ) Delete
Name: TINA, MULET
Address: 6707 NW 169 ST, # A-302
City-St-Zip: MIAMI LAKES, FL 33015

Title: S ( ) Delete
Name: DOLORES, TINOCO
Address: 6707 NW 169 ST, # A-302
City-St-Zip: MIAMI LAKES, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MIGUELENA, MANUEL
Address: 6707 NW 169 ST, # A-302
City-St-Zip: MIAMI LAKES, FL 33015

Title: VP (X) Change ( ) Addition
Name: MULET, TINA
Address: 6707 NW 169 ST, # A-302
City-St-Zip: MIAMI LAKES, FL 33015

Title: S (X) Change ( ) Addition
Name: TINOCO, DOLORES
Address: 6707 NW 169 ST, # A-302
City-St-Zip: MIAMI LAKES, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL MIGUELENA P 07/31/2008
Electronic Signature of Signing Officer or Director Date