

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 AUG 28 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P05000147540</b> 1. Entity Name <b>AGDM, ENTERPRISES, INC</b>	
---	--

Principal Place of Business <b>7721 NW 7 ST 812 MIAMI, FL 33126</b>	Mailing Address <b>7721 NW 7 ST 812 MIAMI, FL 33126</b>
--	--



2. Principal Place of Business - No P.O. Box # <b>9406 SW 220 LN</b>	3. Mailing Address <b>same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08272007 Chg-P CR2E034 (12/06)

City & State <b>MIAMI FL</b>	City & State
Zip <b>33190</b>	Country

4. FEI Number <b>20-3746419</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>GOMEZ, ADANAY 7721 NW 7 ST 812 MIAMI, FL 33126</b>
---

<b>7. Name and Address of New Registered Agent</b>  Name <b>ADDRESS ONLY</b> Street Address (P.O. Box Number is Not Acceptable) <b>9406 SW 220 LN</b>  City <b>MIAMI</b> <b>FL</b> Zip Code <b>33190</b>
--

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: *Gomez* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	------------------------------------	--

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP	
NAME	GOMEZ, ADANAY	
STREET ADDRESS	7721 NW 7 ST APT 812	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	(ADDRESS ONLY)		
NAME			
STREET ADDRESS	9406 SW 220 LN		
CITY-ST-ZIP	MIAMI FL 33190		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	100109207821		
CITY-ST-ZIP	09/07/07--01033--017 **150.00		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_