

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90030 040 ****70.00

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1. Entity Name
ADGAM, INCORPORATED



Principal Place of Business
**3050 BISCAYNE BLVD
STE 504
MIAMI, FL 33137**

Mailing Address
**3050 BISCAYNE BLVD
STE 504
MIAMI, FL 33137**



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1006879

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALTIDOR, MAGDALENE
15631 SW 53 COURT
MIRAMAR, FL 33027**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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	P. ALTIDOR, MAGDALENE 15631 SW 53 COURT MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LUBIN, KERLINE 7838 ROLLING VIEW AVENUE BALTIMORE, MD 21236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLDSBY, DR. W. DEAN 700 NE 26 TERRACE, # 1204 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEAUBIEN-CORDON, FLORENCE 710 NE 29 STREET, PH MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

DATE

Daytime Phone #

2/10/06