

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90193 016 \*\*\*\*70.00

**DOCUMENT # N00000003037**

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**



01052007 No Chg-NP

CR2E037 (4/06)

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

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

**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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Magdalen Altidor*  
1/11/07 305-573-1136