2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N00000003037

Entity Name: ADGAM, INCORPORATED

Current Principal Place of Business:

3050 BISCAYNE BLVD
STE 504
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

3050 BISCAYNE BLVD
STE 504
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-1006879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ALTIDOR, MAGDALENE	
Address:	15631 SW 53 COURT	
City-St-Zip:	MIRAMAR, FL 33027	
Title:	C	( ) Delete
Name:	LUBIN, KERLINE	
Address:	7838 ROLLING VIEW AVENUE	
City-St-Zip:	BALTIMORE, MD 21236	
Title:	T	( ) Delete
Name:	GOLDSBY, DR. W. DEAN	
Address:	700 NE 26 TERRACE,# 1204	
City-St-Zip:	MIAMI, FL 33137	
Title:	S	( ) Delete
Name:	BEAUBIEN-CORDON, FLORENCE	
Address:	710 NE 29 STREET, PH	
City-St-Zip:	MIAMI, FL 33137	
Title:	VC	( ) Delete
Name:	DESPAGNE, HANS	
Address:	5351 GRAND BANKS BOULEVARD	
City-St-Zip:	GREEN ACRES, FL 33463	
Title:	M	( ) Delete
Name:	YACINTHE, RENE	
Address:	9822 NE 2ND AVENUE, SUITE #5	
City-St-Zip:	MIAMI, FL 33138	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGDALENE ALTIDOR P 01/30/2009

Electronic Signature of Signing Officer or Director — Date