



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90239 038 ***150.00

DOCUMENT # P03000010385 1. Entity Name ADAMAS GROUP, INC.					
Principal Place of Business 36 NE 1 STREET #640 1029 MIAMI, FL 33132			Mailing Address 36 NE 1 STREET #640 1029 MIAMI, FL 33132		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
					
04292008 Chg-P CR2E034 (12/06)			4. FEI Number 72-1545832		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent KOENIG, GARY D 36 NE 1 STREET #640 1029 MIAMI, FL 33132			7. Name and Address of New Registered Agent Name KOENIG, GARY D. Street Address (P.O. Box Number is Not Acceptable) 36 N.E. 1st St. #1029 City MIAMI FL Zip Code 33132		
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 <u><i>GARY D. KOENIG</i></u> / GARY D. KOENIG DATE 4/29/08 <small>Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV KOENIG, GARY D 36 NE 1 STREET #640 1029 MIAMI, FL 33132	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV KOENIG, GARY D. 36 N.E. 1st St. #1029 MIAMI, FL 33132	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOENIG, GARY D 36 NE 1 STREET #640 1029 MIAMI, FL 33132	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOENIG, GARY D. 36 N.E. 1st St. #1029 MIAMI, FL 33132	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>GARY D. KOENIG</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/29/08 Daytime Phone # 305-492-3235		