2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000027307

DAMAMI INTERNATIONAL, IN.C



FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

517 E. ATLANTIC AVE DELRAY BEACH, FL 33483 Mailing Address

517 E. ATLANTIC AVE DELRAY BEACH, FL 33483



DO NOT WRITE IN THIS SPACE

04292008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 98-0403698 Not Applicable

5. Cartificate of Status Desired Status Resired Status Residual Res

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

ROSENBAUM, DAVID 517 E. ATLANTIC AVE DELRAY BEACH, FL 33483

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registe	red office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title i	I applicable (NOTE: Register	ed Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBOM, DAVID 517 E. ATLANTIC AVE DELRAY BEACH, FL 33483			U00000932021 05/22/08-80038-025 150.00		
TITLE NAME STREET ADORESS CITY-ST-ZIP					00/22/00 00000 023 130,00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE 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: _

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/08 (Sc)) 7c6-