2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055180

Entity Name: ARDAMA INC.

FILED Jul 12, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

45 EAST 11TH ST 16155 NW 41 AVE APT # 2 OPA LOCKA, FL 33054

HIALEAH, FL 33010

Current Mailing Address: New Mailing Address:

45 EAST 11TH ST 16155 NW 41 AVE APT # 2 OPA LOCKA, FL 33054 HIALEAH, FL 33010

FEI Number: 33-1058239 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JACOBO, LUIS TINOCO, DOLORES
6230 WEST 21 CT 16155 NW 41 AVE
HIALEAH, FL 33016 US OPA LOCKA, FL 33054 US

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: DOLORES TINOCO 07/12/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 TINOCO, DOLORES
 Name:
 TINOCO, DOLORES

 Address:
 45 EAST 11TH ST APT#2
 Address:
 16155 NW 41 AVE

 City-St-Zip:
 HIALEAH, FL 33010
 City-St-Zip:
 OPA LOCKA, FL 33054

Title: S () Delete Title: S () Change (X) Addition

 Name:
 Name:
 MIGUELENA, MANUEL

 Address:
 Address:
 16155 NW 41 AVE

 City-St-Zip:
 City-St-Zip:
 OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLORES TINOCO P 07/12/2005