

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055180

Entity Name: ARDAMA INC.

FILED  
May 01, 2007  
Secretary of State

## Current Principal Place of Business:

16155 NW 41 AVE  
OPA LOCKA, FL 33054

## New Principal Place of Business:

6707 NW 169 ST  
APT # A-302  
MIAMI LAKES, FL 33015

## Current Mailing Address:

16155 NW 41 AVE  
OPA LOCKA, FL 33054

## New Mailing Address:

6707 NW 169 ST  
APT # A-302  
MIAMI LAKES, FL 33015

FEI Number: 33-1058239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TINOCO, DOLORES  
16155 NW 41 AVE  
OPA LOCKA, FL 33054 US

## Name and Address of New Registered Agent:

MANUEL, MIGUELENA  
6707 NW 169 ST  
APT # A-302  
MIAMI LAKES, FL 33015 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: MANUEL MIGUELENA

05/01/2007

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:

Title: P ( ) Delete  
Name: TINOCO, DOLORES  
Address: 16155 NW 41 AVE  
City-St-Zip: OPA LOCKA, FL 33054

Title: S ( ) Delete  
Name: MIGUELENA, MANUEL  
Address: 16155 NW 41 AVE  
City-St-Zip: OPA LOCKA, FL 33054

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MANUEL, MIGUELENA  
Address: 6707 NW 169 ST, # A-302  
City-St-Zip: MIAMI LAKES, FL 33015

Title: VP (X) Change ( ) Addition  
Name: TINA, MULET  
Address: 6707 NW 169 ST, # A-302  
City-St-Zip: MIAMI LAKES, FL 33015

Title: S ( ) Change (X) Addition  
Name: DOLORES, TINOCO  
Address: 6707 NW 169 ST, # A-302  
City-St-Zip: MIAMI LAKES, FL 33015

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

SIGNATURE: MANUEL MIGUELENA

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date