

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000012613

Entity Name: ALDAMI INC.

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

18090 COLLINS AVE.
234
SUNNY ISLES BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

18090 COLLINS AVE.
234
SUNNY ISLES BEACH, FL 33160 US

New Mailing Address:

FEI Number: 20-3044162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MICHEL
18090 COLLINS AVE.
234
SUNNY ISLES BEACH, FL 33160 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, MICHEL
Address: 18090 COLLINS AVE. #234
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D () Change (X) Addition
Name: MENDEL, ERVIN
Address: 18090 COLLINS AVE. #234
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: D () Change (X) Addition
Name: COHEN, SOPHIE
Address: 18090 COLLINS AVE. #234
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: D () Change (X) Addition
Name: COHEN, ESTHER
Address: 18090 COLLINS AVE. #234
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHEL COHEN

P

04/21/2006

Electronic Signature of Signing Officer or Director

Date