



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90061 005 ***150.00

| | | | | | |
|--|--------------------|---|---|--|-----------------------------------|
| DOCUMENT # P04000097579 | | | |  | |
| 1. Entity Name RIDAM CORPORATION | | | | | |
| Principal Place of Business 7665 W 2ND CT HIALEAH, FL 33014 | | Mailing Address 7665 W 2ND CT HIALEAH, FL 33014 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-1304523 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | | | |
| RICCI, MARIBEL G 20211 NW 8 ST HOLLYWOOD, FL 33029 | | Name | | | |
| | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | City | | | |
| | | FL | | Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | DV | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RICCI, DANIEL M | | NAME | | |
| STREET ADDRESS | 7665 W 2ND CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH, FL 33014 | | CITY-ST-ZIP | | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | D'AMICO, PASCUAL A | | NAME | | |
| STREET ADDRESS | 7665 W 2ND CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH, FL 33014 | | CITY-ST-ZIP | | |
| TITLE | DS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | D'AMICO, SONIA M | | NAME | | |
| STREET ADDRESS | 7665 W 2ND CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH, FL 33014 | | CITY-ST-ZIP | | |
| TITLE | DT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RICCI, MARIBEL G | | NAME | | |
| STREET ADDRESS | 7665 W 2ND CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH, FL 33014 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:  | | 4/5/07 | | 305-828 4043 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

40053444



03272007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1304523 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|--------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RICCI, DANIEL M | | NAME | | |
| STREET ADDRESS | 7665 W 2ND CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH, FL 33014 | | CITY-ST-ZIP | | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | D'AMICO, PASCUAL A | | NAME | | |
| STREET ADDRESS | 7665 W 2ND CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH, FL 33014 | | CITY-ST-ZIP | | |
| TITLE | DS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | D'AMICO, SONIA M | | NAME | | |
| STREET ADDRESS | 7665 W 2ND CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH, FL 33014 | | CITY-ST-ZIP | | |
| TITLE | DT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RICCI, MARIBEL G | | NAME | | |
| STREET ADDRESS | 7665 W 2ND CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH, FL 33014 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:  4/5/07 305-828 4043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #