



FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000145253							
1. Entity Name AMEDAMA, INC.							
Principal Place of Business 811 NE 79TH STREET MIAMI, FL 33138		Mailing Address 811 NE 79TH STREET MIAMI, FL 33138					
DO NOT WRITE IN THIS SPACE							
		02202006 No Chg-P CR2E034 (11/05)					
		<table border="1"><tr><td>4. FEI Number 20-1773765</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 20-1773765	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 20-1773765	Applied For Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		DO NOT WRITE IN THIS SPACE					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		DO NOT WRITE IN THIS SPACE 000000451366 04/10/06-80050-012 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KONOMI, KENICHIRO 811 NE 79TH STREET MIAMI, FL 33138						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COBIA, REUBEN T 811 NE 79TH STREET MIAMI, FL 33138						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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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: _____ CPA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/20/06 (719) 225-7325 <small>Date Daytime Phone #</small>					