## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000088754

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33144

GUERRA, JORGE

8440 S.W. 58 STREET

MIAMI, FL 331431506

() Delete

DT

FILED Apr 09, 2008 Secretary of State

Entity Name: AMPUERO ENTERPRISES, INC.							
Current Principal Place of Business:			New Principal Place of Business:				
9688 S.W. ATTN: DA MIAMI, FL	NIEL R. VA						
Current Mailing Address:				New Mailing Address:			
9688 SW 2 ATTN: DA MIAMI, FL	NIEL R. VA	LDES S					
FEI Number:	65-0465362	FEI Number Applied For ( )	FEI Nun	nber Not Appli	icable ( )	Certificate of Status Des	sired()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MARQUEZ & MARCELO-ROBAINA, P.A. 6303 BLUE LAGOON DRIVE SUITE 390 MIAMI, FL 331266005 US							
The above in the State		ry submits this statement for the	purpose o	f changing it	s registered of	ffice or registered age	nt, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financ	ing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DVPS VALDES, DA 9755 S.W. 6 MIAMI, FL 3	2ND ST.		Title: Name: Address: City-St-Zip:	DVPS (X) VALDES, DANIE 9688 SW CORA MIAMI, FL 3316	AL WAY	
Title: Name: Address: City-St-Zip:	PD HERRAN, M 8460 SW 5T MIAMI, FL 3	H ST		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address:	DVP HERRAN, JO 8455 GRANI	( ) Delete OSE A D CANAL DRIVE		Title: Name: Address:	( )	Change ( ) Addition	

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MANUEL A. HERRAN Ρ 04/09/2008

() Change () Addition