

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 251336

FILED
Apr 28, 2009
Secretary of State

Entity Name: AMPCO PRODUCTS, INC.

Current Principal Place of Business:

11400 NW 36TH AVE
MIAMI, FL 331672907 US

New Principal Place of Business:

Current Mailing Address:

11400 NW 36TH AVE
MIAMI, FL 331672907 US

New Mailing Address:

100 MIRACLE MILE
SUITE 310
CORAL GABLES, FL 33134 US

FEI Number: 59-0936784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOECKLEN, LP
11400 NW 36 AVE
MIAMI, FL 331672907 US

Name and Address of New Registered Agent:

TORNEK, LARRY
100 MIRACLE MILE
SUITE 310
CORAL GABLES, FL 33134 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: LARRY TORNEK

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BOECKLEN, LP
Address: 11400 NW 36TH AVENUE
City-St-Zip: MIAMI, FL 331672907

Title: EVP (X) Delete
Name: O'NEILL, MICHAEL P
Address: 11400 NW 36 AVE
City-St-Zip: MIAMI, FL 33167

Title: V (X) Delete
Name: GUSTAVO, RAMIREZ
Address: 4840 NW 128 ST RD
City-St-Zip: MIAMI, FL 33054

Title: AS (X) Delete
Name: DAVIDSON, JOAN M
Address: 11400 NW 36TH AVE
City-St-Zip: MIAMI, FL 331672907

Title: EVP (X) Delete
Name: HURTADO, ELYSE
Address: 11400 NW 36TH AVE
City-St-Zip: MIAMI, FL 331672907

Title: AVP (X) Delete
Name: KRIEGER, STEPHANIE
Address: 11400 NW 36TH AVENUE
City-St-Zip: MIAMI, FL 331672907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: TORNEK, LAWRENCE
Address: 100 MIRACLE MILE #310
City-St-Zip: CORAL GABLES, FL 33134

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

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

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

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

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

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: LARRY TORNEK

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date