

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 490731

1. Entity Name
AMPREX PROPERTY MANAGEMENT, INC.



Principal Place of Business
8851 SW 52 ST
MIAMI, FL 33165

Mailing Address
8851 SW 52 ST
MIAMI, FL 33165

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05112007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-2130076

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IGLESIAS, MARCIA E
8851 SW 52ND ST
MIAMI, FL 33165-3716

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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
NAME SD
STREET ADDRESS IGLESIAS, MARCIA E.
CITY-ST-ZIP 8851 SW 52ND STREET
MIAMI, FL 00000, ☒ Delete

TITLE
NAME P/S
STREET ADDRESS SANTAMARIA, CARMEN
CITY-ST-ZIP 10250 SW 56 ST C-102
Miami, FL 33165 ☐ Change ☒ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 700104423777
CITY-ST-ZIP 06/15/07--01021--010 **\$61.25 ☐ Change ☐ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
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:

Carmen Santamaria

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/07

Date

Daytime Phone #

FILED

07 JUN 11 PM 1:34

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

