

**DOCUMENT # 645534**1. Entity Name  
**AMERIMPEX CORP.**Principal Place of Business  
7085 N.W. 50 ST.  
MIAMI, FL 33166Mailing Address  
7085 N.W. 50 ST.  
MIAMI, FL 33166**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

03112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
**59-1975195**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent**NORIEGA, WILLIAM  
ONE S.E. 3RD AVENUE  
#2105 AMERIFIRST BUILDING  
MIAMI, FL 33131**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****10. OFFICERS AND DIRECTORS**TITLE PD  
NAME AGUDELO, HORACIO  
STREET ADDRESS 8101 S.W. 62 FL  
CITY-ST-ZIP MIAMI, FLTITLE VD  
NAME SAENZ, JAMES  
STREET ADDRESS 5431 SW 84TH TERR  
CITY-ST-ZIP MIAMI, FLTITLE ST  
NAME AGUDELO, HORACIO  
STREET ADDRESS 810 S.W. 62 PLACE  
CITY-ST-ZIP MIAMI, FLTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP000000270331  
03/21/05-R0703-002 150.00**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-05

Date

305592-1097

Daytime Phone #