

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24 2004 08:00 AM
Secretary of State

DOCUMENT # F88244
 1. Entity Name
 AMPY ENTERPRISES, INC.



Principal Place of Business Mailing Address
 1400 SW 8TH ST 1400 SW 8TH ST
 MIAMI, FL 33135 MIAMI, FL 33135



DO NOT WRITE IN THIS SPACE

03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2207819	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

MONTES, JOSE
 1900 SW 8TH STREET
 MIAMI, FL 33135

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000095191
 03/24/04-80021-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTES, JOSE 1400 SW 8TH STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTES, MILAGROS 1400 SW 8TH STREET MIAMI, FL 33135
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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PAID
MAR 15 2004
 BY: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **3/15/04** 305-968-7266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #