

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116958

FILED
Jul 17, 2007
Secretary of State

Entity Name: AMP CONSTRUCTION ENTERPRISES, LLC

Current Principal Place of Business:

290 174TH STREET
#2202
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

290 174TH STREET
#2202
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 20-3895013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

KIM MARKS CPA
2136 NE 123 STREET
NORTH MIAMI, FL 33181 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: KIM MARKS

07/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BEN-SHALOM, ADAM
Address: 290 174TH STREET #2202
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM () Delete
Name: BEN-SHALOM, PELEG
Address: 290 174TH STREET #2202
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ADAM BEN-SHALOM

MGRM

07/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date