## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000104447

Entity Name: AMP SERVICES, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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1167 S.W. 22 TER. 1651 SW 20 ST. MIAMI, FL 33129 MIAMI, FL 33145

Current Mailing Address: New Mailing Address:

1167 S.W. 22 TER. 1651 SW 20 ST. MIAMI, FL 33129 MIAMI, FL 33145

FEI Number: 59-3757388 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PORTUONDO, ALINA P 1167 S.W. 22 TER. PORTUONDO, ALINA P 1651 SW 20 ST. MIAMI, FL 33129 US MIAMI, FL 33145 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: ALINA P. PORTUONDO 03/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 PORTUONDO, ALINA
 Name:
 PORTUONDO, ALINA

 Address:
 1167 S.W. 22 TER.
 Address:
 1651 SW 20 ST.

 City-St-Zip:
 MIAMI, FL 33129
 City-St-Zip:
 MIAMI, FL 33145

Title: D () Delete Title: () Change () Addition

 Name:
 FREYRE, ALINA
 Name:

 Address:
 1601 SW 11 TER
 Address:

 City-St-Zip:
 MIAMI, FL 33135
 City-St-Zip:

 Name:
 PORTUONDO, MARIA I
 Name:
 PORTUONDO, MARIA I

 Address:
 1167 SW 22 TER
 Address:
 1651 SW 20 ST.

 City-St-Zip:
 MIAMI, FL 33129
 City-St-Zip:
 MIAMI, FL 33145

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: ALINA P. PORTUONDO D 03/19/2009