


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90090 037 \*\*\*150.00

**DOCUMENT # P04000066020**

1. Entity Name  
**AMPARO'S PLACE, INC.**



Principal Place of Business  
**13143 NW 42ND AVENUE  
 OPA LOCKA, FL 33054**

Mailing Address  
**13143 NW 42ND AVENUE  
 OPA LOCKA, FL 33054**

**DO NOT WRITE IN THIS SPACE**

60010338



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1051131</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CARDOZO, AMPARO  
 13143 NW 42ND AVENUE  
 OPA LOCKA, FL 33054**

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS CARDOZO, AMPARO 13143 NW 42ND AVENUE OPA LOCKA, FL 33054
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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: *Amparo Cardozo* (305) 681-0079  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **AMPARO CARDOZO, PRES** Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_