


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90394 025 \*\*\*150.00

<b>DOCUMENT # P04000089129</b>			
1. Entity Name A.M.P. INDUSTRIAL SUPPLIES, INC.			
Principal Place of Business 2117 SW 136 PL MIAMI, FL 33175		Mailing Address 2117 SW 136 PL MIAMI, FL 33175	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NIEVES, ERNESTO 2117 SW 136 PL MIAMI, FL 33175		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT NIEVES, ERNESTO 2117 SW 136 PL MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BURGUES, ROS 2117 SW 136 PL MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 807, 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: <i>Ernesto Nieves</i>		Date: 4-15-2006	Daytime Phone #: 305-558-3033
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

66016062



04102006 Chg-P CR2E034 (11/05)

4. FEI Number **20-1251001** Applied For  
**APPLIED FOR** Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**ATTACHMENT**

**e-Services Enrollment  
Confirmation**

Quit Interview

**Print this Form**

*66016062*  
*#P04000089129*

Thank you for enrolling for e-Services online. Your request has been accepted. **Please print this page for your records.** Within three weeks, you will receive individual mailings containing user information for each tax account you enrolled.

**Taxpayer Information:**

Confirmation: 04092165682 **Please keep this information for your records.**  
 FEIN: 20-1251001  
 Business Name: AMP INDUSTRIAL SUPPLIES, INC.  
 SSN:  
 Name:

**Tax Fee/Type: Sales and Use Tax**

Taxpayer ID: 23-8013145791-2  
 Taxpayer Business Name: AMP INDUSTRIAL SUPPLIES, INC.  
 Filing/Payment Method: Internet file & pay

**Internet Filing Site User Information: User ID: AF1314579101; Password: 56096534**

View or print [instructions](#) (will open in a new window).  
 You will receive these instructions and additional information in the mail.  
**\* Your account will be ready for filing after two business days.**

**Payment Contact:**

Name: ERNESTO NIEVES (is a company employee)  
 Address: 2117 SW 136TH PL  
 MIAMI FL 33175-1042  
 Phone: (786)313-0202 ext FAX: (786)313-0202  
 E-Mail:

**Filing Contact:**

Name: ERNESTO NIEVES (is a company employee)  
 Address: 2117 SW 136TH PL  
 MIAMI FL 33175-1042  
 Phone: (786)313-0202 ext FAX: (786)313-0202  
 E-Mail:

**Bank Information:**

Name: "BANK OF AMERICA, N.A."  
 Type: Checking  
 Account: 005484770414 Routing: 063000047

**Enrollee Authorization and Agreement**

This is an Agreement between the Florida Department of Revenue, hereinafter "the Department," and the business entity named herein, hereinafter "the Enrollee," entered into pursuant to the provisions of the Florida Statutes and the Florida Administrative Code.