2005 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

AMENDMENT TO
2005 ANNUAL REPORT

DOCUMENT # P04000129488 2005

1. Entity Name AMENDMENT
AMPECO ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

FILED
05 AUG 23 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 24
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6321 SW 109th Ave.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33173 Country: USA	Zip Country

4. FEI Number: 550884047 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: Alfredo G. Duran
Street Address (P.O. Box Number is Not Acceptable): 2601 So. Bayshore Dr., Suite 1400
City: Miami FL Zip Code 33133

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.

SIGNATURE Same
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR Is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Pres/Sec/Treas/Sole Director
NAME	ADALIS S. AZNAREZ
STREET ADDRESS	6321 SW 109th Ave.
CITY-ST-ZIP	Miami, FLorida 33173

900059019149
08/26/05--01042--026 **61.25

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: ADALIS S. AZNAREZ Pres/Dir 7/22/05 (305) 222-8790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #