2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90382 041 ***150.00

40051484

04062006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000066472

1. Entity Name
AMPUDIA SERVICES, INC.

Principal Place of Business	Mailing Address
14864 SW 58 STREET MIAMI, FL 33193 US	14864 SW 58 STREET MIAMI, FL 33193 US

2. Principal Place of Business		3. Mailing Address	
14800 SW 81 street		14800 SW 81 street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DADE FL		City & State: DADE FL	
Zip: 33193	Country: US	Zip: 33193	Country: US

4. FEI Number: 20-2841138 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMPUDIA, JUAN
14864 SW 58 STREET
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMPUDIA, JUAN 14864 SW 58 STREET MIAMI, FL 33193	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMPUDIA JUAN 14800 SW 81 street MIAMI FL 33193	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMPUDIA, FLOR D 14864 SW 58 STREET MIAMI, FL 33193	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMPUDIA FLOR D 14800 SW 81 STREET MIAMI FL 33193	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 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: ____________________ 4-12-06 305-310-8747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #