

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 15, 2006 8:00 am
Secretary of State

04-24-2006 90346 008 ***150.00

DOCUMENT # P05000103042

1. Entity Name
AMPI CLEANER CORPORATION



Principal Place of Business
9389 NW 114 LANE
HIALEAH GARDENS, FL 33018 US

Mailing Address
9389 NW 114 LANE
HIALEAH GARDENS, FL 33018 US



03102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3196487

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIRALDO, CARLOS M
9389 NW 114 LANE
HIALEAH GARDENS, FL 33018

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 state 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.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: GIRALDO, CARLOS M
STREET ADDRESS: 9389 NW 114 LANE
CITY - ST - ZIP: HIALEAH GARDENS, FL 33018

☐ Delete

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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 another like empowered.

SIGNATURE: Carlos H. Giraldo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-10-06. (786-252 7560)

Date

Daytime Phone #