## FILED Jun 14, 2004 8:00 am Secretary of State

2004		RT (AR)	
	 	 ***	

DOCUMENT # P95000047801  1. Entity Name  A.M.P. ENTERPRISES AND INVESTMENTS, INC.								05-05-2004 90220 022 ***150.00			
Principal Place of Business Mailing Address											
508 HENDRI			P. O. BO	OX 10		š	66427856				
SUITE 4		3204		AUDERDALE FL	33302	!	Į.	664410	100		
FT. LAUDER	DALE FL. 3.	3301					ŀ	FORWARD HE WHEN STAN STAN STAN SOLD	ani sirii iraaf ten walet	aristi a irri	
2 District B	laas et Dusie.		1 Notes	A delegan			_				
2. Principal Place of Business 3. Mailing Address						ł					
Suite Ant III ate						<del></del>					
Suite, Apt. #, etc. Suite, Apt. #, etc.			¬μι. π, αις.				MOORE CR2	E034 (11/03)			
City & State	e		City &	State .			4.	FEI Number		oplied For	
							"	NO-T APPLICA		lot Applicable	
Zip	Zip Country		Zip	Zip Coun		iry ,		Certificate of Status Decired	¬ \$8.75 A	ditional	
				5. Certificate of Status Desired Fee Required				ed			
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent				
<b>AT</b>	,	TION OVOTE	-		ı	Name					
CT-CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					<u></u>	- Street Address (P.O. Box Number is Not Acceptable)					
PLA	NTATION	I FL 33324	- 110AU		ļ						
- Darthing at E 000E4											
					Ī	City			FL Zip Co	de	
	named entity tions of regist		ment for the purposi	e of changing its re	gistere	ed office or regis	stered ag	gent, or both, in the State of Florida.	. I am familiar with	and accept	
	oog.o.	or ou agont.									
SIGNATURE.	S		red agent and tide if applica								
Nacional de la company	ersenstrument en ist.	Continue to south Associated	of Care Care Park in Street	100 E.F		d Agent signature requ	DIRECT WHIGHT	ersuing)	DATE		
Afte	r May 1, 200	FEE IS \$150. 4 Fee will be \$5 Florida Departs	50.00 🕻 🚜					Election Campaign Financi Trust Fund Contribution.		00 May Be ed to Fees	
10.		OFFICER	IS AND DIRECTORS	<u> </u>	11.		Αſ	DDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 11	
ਸ਼ਾuਵੇ	PSD			☐ Delete	TITLE	: -		•	☐ Change	Addition	
NAME	YATES, BE		•		NAME	1					
STREET ADDRESS CITY-ST-ZIP		RICKS ISLE		-		ET ADDRESS		•			
<del></del>	<del></del>	RDALE FL 33301	<u> </u>		-	-ST-ZIP					
ante	D	CHARD		Delete	TITLE	F			☐ Change	noilibbA [[]	
NAME Street adoress	LLOYD, RI				NAME	ET ADDRESS					
CITY-ST-ZIP		DERDALE FL 33:	<b>3</b> 01		•	-ST-ZIP					
TILE	1			☐ Delete	TITLE				[] (h	[ ] Additor	
NAME				T Deseit	NAME				Change	Addition	
STREET ADDRESS		-		•• =		E? ADDRESS					
CITY-ST-ZIP	-			<del></del>		-ST-ZIP	<del></del> .				
TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE	<del></del>		<del></del>	☐ Change	☐ Addition	
NAME					NAME				_ ~~~~		
STREET ADORESS	].				3	ET ADDRESS				'	
City-St-ZiP	<u> </u>				CITY-	-ST-ZIP				İ	
TITLE	4			☐ Delete	TITLE				Change	☐ Addition	
NAME					NAME	E				•	
STREET ADDRESS					4	ET ADDRESS					
CITY-ST-ZIP	<u> </u>	<u> </u>	<del></del>		CITY-	-ST-ZIP		······································			
TITLE	ļ		-	Delate	TITLE	1			☐ Change	Addition	
NAME	-				NAME						
STREET ADORESS	1					ET ADORESS					
CITY-ST-ZIP	<u> </u>			·		-ST-ZIP					
12. I hereby indicated	certify that the	e information supplies or supplies	lied with this filing do	oes not qualify for the	he exer	mption stated in	Section	119.07(3)(i), Florida Statutes. I furt	her certify that the	information er or director	
12. 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 epop 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 bysice 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 a yaddress, with all other like empowered.											
-crianged	, 57 011 841 8412	nt Nil i						_			
SIGNAT	SIGNATURE: DONE 8TH 2004										
	~··		DES OF PRINTED NAME		NOECT				Diam Prince		