

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023513

FILED
Jun 14, 2004
Secretary of State

Entity Name: A & A POWER GENERATORS, LLC

Current Principal Place of Business:

15050 NE 20TH AVENUE
SUITE 107
NORTH MIAMI, FL 33181 US

New Principal Place of Business:

15050 NE 20TH AVENUE
NORTH MIAMI, FL 33181 US

Current Mailing Address:

15050 NE 20TH AVENUE
SUITE 107
NORTH MIAMI, FL 33181 US

New Mailing Address:

8335 SOUTH WEST 72 AVENUE
SUITE 309D
MIAMI, FL 33143 US

FEI Number: 02-0635413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILBERT, ALFREDO G
15050 NE 20TH AVENUE
SUITE 107
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GILBERT, ALFREDO
Address: 8335 SOUTH WEST 72 AVENUE APT 309D
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: VISEL, ISRAEL
Address: 15050 NE 20TH AVENUE
City-St-Zip: NORTH MIAMI, FL 33181 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: GILBERT, BENJAMINE
Address: 5979 SOUTH WEST 104 STREET
City-St-Zip: MIAMI, FL 33156 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALFREDO GILBERT

MR.

06/14/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date