


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90094 023 \*\*\*150.00

<b>DOCUMENT # P05000026057</b>	
1. Entity Name <b>AMERICAN GENERATORS, INC.</b>	

Principal Place of Business <b>7337 NW 32 AVENUE MIAMI, FL 33147</b>	Mailing Address <b>7337 NW 32 AVENUE MIAMI, FL 33147</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**40014604**



02092007 Chg-P CR2E034 (12/06)

4. FEI Number <b>76-0778048</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MADRIGAL, ALEXANDER 7337 NW 32 AVENUE MIAMI, FL 33147</b>		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MADRIGAL, ALEXANDER 7337 NW 32 AVENUE MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6757 NW 199st</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hialeah FL 33015</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SERRALTA, ROENTET 17000 NW 67 AVE, UNIT 315 MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_ **02 09 07 305 625 6612**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ATTACHMENT**  
**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**DOCUMENT#** P05000026057

**Entity Name:** AMERICAN GENERATORS, INC.

**FILED**  
**Sep 05, 2006**  
**Secretary of State**

40014604

**Current Principal Place of Business:**

7337 NW 32 AVENUE  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

7337 NW 32 AVENUE  
MIAMI, FL 33147

**New Mailing Address:**

**FEI Number:** 76-0778048

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MADRIGAL, ALEXANDER  
7337 NW 32 AVENUE  
MIAMI, FL 33147 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

**OFFICERS AND DIRECTORS:**

**Title:** PVTs ( ) Delete  
**Name:** MADRIGAL, ALEXANDER  
**Address:** 7337 NW 32 AVENUE  
**City-St-Zip:** MIAMI, FL 33147

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** VP (X) Change ( ) Addition  
**Name:** MADRIGAL, ALEXANDER  
**Address:** 7337 NW 32 AVENUE  
**City-St-Zip:** MIAMI, FL 33147

**Title:** PRES ( ) Change (X) Addition  
**Name:** SERRALTA, ROENTET  
**Address:** 17000 NW 67 AVE, UNIT 315  
**City-St-Zip:** MIAMI, FL 33015 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ALEXANDER MADRIGAL

VP

09/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date