2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT										
DOCUMENT # P94000052755 1. Entity Name AMERICAS GENERATORS, INC.						FI ON MAR -	8 AM 11: 0			
Principal Place of Business Mailing Address 8511 NW 61ST 8511 NW 61ST							AND STATES	iDA		
MIAMI, FL 33166 US MIAMI, FL 33166 US						/			P1 11 14 E1	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02152007	Chg-P	CR2E034 (12	406)		
City & State		City & State			4. FEI Number Applied For 65-0512267 Not Applicable					
Zip	Country Zip Cou		Country	,	5. Certificate of Status Desired Security Securi					
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Agent			
JOHNSTON DAVID F.				Name Johnston Fric D.						
795 NE-77TH TERRACE MAMI, FL 33138				Street Address (P.O. Box Number is Not Acceptable)						
•			_	Mian		***	FL 실	Code		
or the above harned entity serminations are statement for the portions of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 1										
the obligations of registored agent										
SIGNATURE 2 15 07 Signature hooder street and add the Harphicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	FICERS AND DIREC	TORS	N 11	
TITLE	P	☐ Delete	TITLE				☐ Ch	ange	Addition	
NAME	JOHNSTON, DAVID F		NAME	į		Spans			_	
STREET ADDRESS	8511 NW 61 ST		•	ADDRESS	03	3/12/07ñ	920601 1002013	***(1.25	
CITY-ST-ZIP	D1 /D		CITY-ST	.					11.25	
TITLE NAME	SVP JOHNSTON, ERIC D	Delete	TITLE	CE			Ch	ange	☐ Addition	
STREET ADDRESS				ADORESS TO SI	Johnston, Eric D. 7511 Nw Ulstreet					
CITY-ST-ZIP				-ZIP		213116	==		1	
TITLE	CFO	☐ Delete	TITLE			<u>- 4 33 </u>	_ □ Ch	anne	Addition	
NAME	HAMMER, SAMUEL		NAME							
STREET ADDRESS	8511 NW 61 ST		STREET A							
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST							
TITLE NAME	VP MCCANN, ROBERT	Delete	TITLE NAME		C C N/N	Robe	cr-t- X Ch	ange	☐ Addition	
STREET ADDRESS	8511 NW 61 ST			ADDRESS 75	INW	Le I Stro	ect		.	
CITY-ST-ZIP	MIAMI, FL 33166		CHY-ST	-ZIP MIC	imi.	FLZZI	ماما			
TITLE		☐ Delete	TITLE				☐ Ch	ange	Addition	
NAME	10	1	NAME						İ	
STREET ADDRESS CITY-S1-ZIP	K12	(h	STREET A						,	
TITLE	— A) ~	Delete Delete	TITLE		~		Chi	ange	Addition	
NAME			NAME				2 ***			
STREET ADDRESS			STREET A						ſ	
CITY-ST-ZIP			CITY-ST	l						
12. Thereby 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: 2 15 07 215-3000 SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2 15 07 215-3000 Onto										
							/ (2005)		1	