

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000042620

Entity Name: AMERICAS CORP.

FILED
Sep 15, 2009
Secretary of State

Current Principal Place of Business:

2831 SW 190 AVE
MIRAMAR, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

2831 SW 190 AVE
MIRAMAR, FL 33029 US

New Mailing Address:

FEI Number: 65-0950009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, FERNANDO A
2831 SW 190 AVENUE
MIRAMAR, FL 33029 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: PT () Delete
Name: LOPEZ, FERNANDO A
Address: 2831 SW 190 AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: D () Delete
Name: LOPEZ, SYLVANA P
Address: 2831 SW 190 AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: D () Delete
Name: LOPEZ, SILVANA M
Address: 2831 SW 190 AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: VS () Delete
Name: LOPEZ, VALERIA D
Address: 451 SW 147 AVENUE
City-St-Zip: PEMRBROKE PINES, FL 33027

Title: D () Delete
Name: CORRALES, EMILIO F
Address: 451 SW 147 AVENUE
City-St-Zip: PEMRBROKE PINES, FL 33027

Title: VP (X) Delete
Name: GONZEMBACH, RODOLFO A
Address: 10842 NW 53 LANE
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LOPEZ, DOMENICA M
Address: 2831 SW 190 AVENUE
City-St-Zip: MIRAMAR, FL 33029

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: VALERIA D LOPEZ

VS

09/15/2009

Electronic Signature of Signing Officer or Director

Date