## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000017351

Entity Name

GERMAN CONSULT CORPORATION



FILED
May 02, 2005 08:00 AM
Secretary of State

Principal Place of Business 6875 WILLOWWOOD DR. #2081 BOCA RATON, FL 33434 Mailing Address 6725 DAHL LANE WEST PALM BEACH, FL 33413



DO NOT WRITE IN THIS SPACE

04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0835772 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

432-8866

6. Name and Address of Current Registered Agent

BROCKMANN, FRIEDRICH W 6725 DAHL LANE WEST PALM BEACH, FL 33413

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

				114	IIIIO OFACE		
	named entity submits this statement for the pons of registered agent.	urpose of changing its registered of	fice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep		
SIGNATURE_	-						
	Signature, typed or printed name of registered agent and title if	spplicable. (NOTE. Registered Ager	it signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOCHNIG, NICOLE 6875 WILLOWWOOD DR., #2081 BOCA RATON, FL 33434				U00000352859 05/03/05-80042-021 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD LINDEN, PATRICK W 6875 WILLOWWOOD DR., #2081 BOCA RATON, FL 33434						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROCKMANN, FRIEDRICH W 6875 WILLOWWOOD DR., #2081 BOCA RATON, FL 33434			DO	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDEN, UTE 6875 WILLOWWOOD DR., #2081 BOCA RATON, FL 33434			IN '	IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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 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 truster 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.							

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Friedrich W. BROCKMANN