

2007 FOR PROFIT CORPORATION ANNUAL REPORT

2007 FEB 13 PM 4:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 849398 1. Entity Name DRESDNER LATEINAMERIKA AKTIENGESELLSCHAFT CORPORATION					
Principal Place of Business 801 BRICKELL AVE. SUITE 700 MIAMI, FL 33131-4945			Mailing Address 201 S. BISCAYNE BLVD SUITE 1600 (BB) MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2108559	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD. STE. 1600 (BB) MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 Agents signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
500089281995			\$5.00 May Be Added to fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM WEICHBRODT, JOACHIM NEUER JUNGFERNSTIEG 16 HAMBURG GERMANY, HH D-200-	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Drehbahn 3, 20354 Hamburg, Germany	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO DAMBMANN, WOLFGANG MR NEUER JUNGFERNSTIEG 16 HAMBURG GERMANY, HH D-200-	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phone 0049-40-35013578 Drehbahn 3, 20354 Hamburg, Germany	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM LADDE, ROLF NEUER JUNGFERNSTIEG 16 HAMBURG GERMANY HH D-200-	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Drehbahn 3, 20354 Hamburg, Germany	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

M. Williams FEB 13 2007