

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005550

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: IGEL TECHNOLOGY GMBH & CO.

**Current Principal Place of Business:**

5450 NW 33RD AVENUE, SUITE 100  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

5450 NW 33RD AVENUE, SUITE 100  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 05-0524140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VALDES-FAULI CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DR., SUITE 500 EAST  
WEST PALM BEACH, FL 33401 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HELMS, NICHOLAS C  
Address: SCHLACHTE 39/40, D-28195  
City-St-Zip: BREMEN, GERMANY,

Title: D ( ) Delete  
Name: GLOGE, HEIKO  
Address: SCHLACHTE 39/40, D-28195  
City-St-Zip: BREMEN, GERMANY,

Title: P ( ) Delete  
Name: EARLE, STEVEN  
Address: 5450 NW 33 AVE. #100  
City-St-Zip: FORT LAUDERDALE, FL 33309

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

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 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 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: STEVEN EARLE

P

01/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date