

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000951

FILED  
Jan 31, 2006  
Secretary of State

**Entity Name:** GERMAN AMERICAN BUSINESS CHAMBER OF FLORIDA, INC.

**Current Principal Place of Business:**

% GATC, INC.  
100 N. BISCAYNE BLVD., SUITE 2100  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

% GATC, INC.  
100 N. BISCAYNE BLVD., SUITE 2100  
MIAMI, FL 33132

**New Mailing Address:**

**FEI Number:** 65-0141771

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAUR, THOMAS  
% GATC, INC.  
100 N. BISCAYNE BLVD., SUITE 2100  
MIAMI, FL 33132 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: P ( ) Delete  
Name: LOY, WALTER A  
Address: 100 N. BISCAYNE BLVD., #2100  
City-St-Zip: MIAMI, FL 33132

Title: V ( ) Delete  
Name: CLAUS, MICHAEL  
Address: 100 N. BISCAYNE BLVD., #2100  
City-St-Zip: MIAMI, FL 33132

Title: S ( ) Delete  
Name: JOKS, DET  
Address: 100 N. BISCAYNE BLVD., #2100  
City-St-Zip: MIAMI, FL 33132

Title: T ( ) Delete  
Name: GOESEKE, NICKEL  
Address: 100 N. BISCAYNE BLVD., #2100  
City-St-Zip: MIAMI, FL 33132

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

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

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

Title: S (X) Change ( ) Addition  
Name: RIEDI, CLAUDIO  
Address: 100 N. BISCAYNE BLVD., #2100  
City-St-Zip: MIAMI, FL 33132

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER LOY

P

01/31/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date