

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000951

FILED  
Apr 08, 2009  
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: PD ( ) Delete  
Name: CALUS, MICHAEL  
Address: 10450 DORAL BLVD  
City-St-Zip: MIAMI, FL 33178

Title: VPD ( ) Delete  
Name: BAUR, THOMAS  
Address: 100 N. BISCAYNE BLVD-STE 2100  
City-St-Zip: MIAMI, FL 33132

Title: SP ( ) Delete  
Name: CLAUDRO, RIEDO  
Address: 7700 N. KENDALL DR. STE 409  
City-St-Zip: MIAMI, FL 33176

Title: TD ( ) Delete  
Name: GOESEKE, NICKEL  
Address: 1492 S. MIAMI AVE.  
City-St-Zip: MIAMI, FL 33130

Title: D ( ) Delete  
Name: WERNER, CARSTEN  
Address: 3000 PONCE DE LEON-6TH FL.  
City-St-Zip: C. GABLES, FL 33134

Title: D ( ) Delete  
Name: VOELKER, ANDING DR.  
Address: 700 OLTMORE WAY  
City-St-Zip: C. GABLES, FL 33134

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

Title: PD (X) Change ( ) Addition  
Name: CLAUS, MICHAEL  
Address: 10450 DORAL BLVD  
City-St-Zip: MIAMI, FL 33178

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

Title: SP (X) Change ( ) Addition  
Name: CLAUDIO, RIEDI  
Address: 7700 N. KENDALL DR. STE 409  
City-St-Zip: MIAMI, FL 33176

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

SIGNATURE: THOMAS BAUR

VPD

04/08/2009

Electronic Signature of Signing Officer or Director

Date