

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90211 017 ****61.25

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01032007 Chg-NP CR2E037 (12/06)

DOCUMENT # N02000005347		
1. Entity Name GERMAN BUSINESS COUNCIL OF FLORIDA, INC.		

Principal Place of Business 3180 NW 114TH TERRACE CORAL SPRINGS, FL 33065 US	Mailing Address 3180 NW 114TH TERRACE CORAL SPRINGS, FL 33065 US
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2. Principal Place of Business - No P.O. Box # 429 N. DIXIE Highway		3. Mailing Address 429 N. DIXIE Highway	
Suite, Apt. #, etc. #201		Suite, Apt. #, etc. #201	
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL	
Zip 33060	Country US	Zip 33060	Country US

4. FEI Number 41-2055222	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHLUETER, JUERGEN G
966 NW 114TH AVENUE
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent	
Name Ludwig, Gerd	
Street Address (P.O. Box Number is Not Acceptable) 3180 NW 114th Ave	
City Coral Springs	FL Zip Code 33065

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 Gerd Ludwig DATE 1.10.07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LUDWIG, GERD 3180 NW 114TH TERRACE CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SCHENK, MAXIMILIAN 100SE 2ND STREET MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIES, KARLA 5851 NE 21ST LANE FT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SCHLUETER, JUERGEN G 966 NW 114TH AVENUE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RIEGER DINGER, NORBERT 4834 NW 117TH AVE POMPANO BEACH, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 617, 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] DATE 1.10.07 DAYTIME PHONE # 454 405 1153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR