


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90139 002 \*\*\*\*61.25

**DOCUMENT # N03000006018**

1. Entity Name  
**SWISS-AMERICAN CHAMBER OF COMMERCE - FLORIDA CHAPTER, INC.**



Principal Place of Business  
**100 SE SECOND STREET  
 SUITE 2610  
 MIAMI, FL 33131 US**

Mailing Address  
**100 SE SECOND STREET  
 SUITE 2610  
 MIAMI, FL 33131 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

40017704



03072006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**55-0840248**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GLOBAL EXPANSION & CONSULTING, LLC  
 100 SE SECOND STREET  
 SUITE 2610  
 MIAMI, FL 33131**

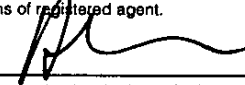
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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  **Alexander Reus, Esq.** **3/8/06**

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

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WICKY, THOMAS P 100 SE SECOND STREET SUITE 2610 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROLFF, ELKE 100 SE SECOND STREET SUITE 2610 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAUCEDO, ERIC 100 SE SECOND STREET SUITE 2610 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REUS, ALEXANDER 100 SE SECOND STREET SUITE 2610 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANK, MICHAEL A 251 ROYAL PALM WAY #601 PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GSCHWEND, RALF 301 CLEMATIS STREET SUITE 3000 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUDWIG, PHILIPP N 100 SE SECOND STREET SUITE 2610 MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONDON, VICTORIA 100 SE SECOND STREET SUITE 2610 MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEYERHANS, ROMAN 100 SE SECOND STREET SUITE 2610 MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUCEDO, ERIC 100 SE SECOND STREET SUITE 2610 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:  **Elke Rolff, SD** **03-08-2006** **(786) 235-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #