

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N03000006018</b>						<b>FILED</b> <b>07 MAY 25 PM 12: 57</b> HALL COUNTY CLERK TALLAHASSEE, FLORIDA	
<b>1. Entity Name</b> SWISS-AMERICAN CHAMBER OF COMMERCE - FLORIDA CHAPTER, INC.							
<b>Principal Place of Business</b> 100 SE SECOND STREET SUITE 2610 MIAMI, FL 33131 US		<b>Mailing Address</b> 100 SE SECOND STREET SUITE 2610 MIAMI, FL 33131 US					
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>		05042007 Chg-NP CR2E037 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 55-0840248			
City & State		City & State		Applied For Not Applicable			
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  GLOBAL EXPANSION & CONSULTING, LLC 100 SE SECOND STREET SUITE 2610 MIAMI, FL 33131				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code			
<b>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.</b>							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> WICKY, THOMAS P 100 SE SECOND STREET SUITE 2610 MIAMI, FL 33131			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>10010398302</b> 06/06/07--01033--011 **\$61.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> ROLFF, ELKE 100 SE SECOND STREET SUITE 2610 MIAMI, FL 33131			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S + T</b> ROLFF, ELKE 100 SE SECOND STREET SUITE 2610 MIAMI, FL 33131		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> MEYERHANS, ROMAN 100 SE SECOND STREET SUITE 2610 MIAMI, FL 33131			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		
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		
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		
<b>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.</b>							
<b>SIGNATURE:</b>  <b>ELKE ROLFF, Secretary</b>				<b>05/04/2007 486-235-5000</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			