2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400003969

FILED Apr 15, 2007 Secretary of State

Entity Name: GERMAN AMERICAN ALLIANCE OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 100 N BISCAYNE BLVD, STE 2100 MIAMI, FL 33132 **Current Mailing Address: New Mailing Address:** 100 N BISCAYNE BLVD, STE 2100 MIAMI, FL 33132 FEI Number: 20-1768889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MALELD, GARY MALFELD, GARY 8420 NW 52 ST 8420 NW 52 ST STE 107 STE 107 MIAMI, FL 33166 US MIAMI, FL 33166 US 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: GARY MALFELD 04/15/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BAUR, THOMAS Name: Name: 100 N BISCAYNE BLVD, STE 2100 Address: Address: City-St-Zip: MIAMI, FL 33132 City-St-Zip: Title: Title: () Delete () Change () Addition RIEDI, CLAUDIO Name: Name: Address: 7700 N KENDALL DR. STE 303 Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: () Delete Title: **PRES** (X) Change () Addition JIAO, JAMES Name: JIAO, JAMES Name: 200 N BISCAYNE BLVD, STE 2100 200 N BISCAYNE BLVD, STE 2100 Address: Address: City-St-Zip: MIAMI, FL 33132 City-St-Zip: MIAMI, FL 33132 Title: () Delete Title: () Change () Addition Name: LOY, WALTER Name: 100 N BISCAYNE BLVD, STE 2100 Address: Address: City-St-Zip: MIAMI, FL 33132 City-St-Zip: Title: () Delete Title: () Change () Addition MALFELD, GARY Name: Name: 8420 NW 52 ST, STE 107 Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip: Title: () Delete Title: () Change () Addition FOKS DET H Name: Name: Address: 10689 N. KENDALL DRIVE, #310 Address: MIAMI, FL 33176 City-St-Zip: 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: JAMES M JIAO PRES 04/15/2007