

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003969

FILED
Mar 31, 2009
Secretary of State

Entity Name: GERMAN AMERICAN ALLIANCE OF FLORIDA, INC.

Current Principal Place of Business:

100 N BISCAYNE BLVD, STE 2100
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

100 N BISCAYNE BLVD, STE 2100
MIAMI, FL 33132

New Mailing Address:

FEI Number: 20-1768889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALFELD, GARY
8420 NW 52 ST
STE 107
MIAMI, FL 33166 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: D () Delete
Name: BAUR, THOMAS
Address: 100 N BISCAYNE BLVD, STE 2100
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: RIEDI, CLAUDIO
Address: 7700 N KENDALL DR. STE 303
City-St-Zip: MIAMI, FL 33156

Title: PRES () Delete
Name: JIAO, JAMES
Address: 200 N BISCAYNE BLVD, STE 2100
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: LOY, WALTER
Address: 100 N BISCAYNE BLVD, STE 2100
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: MALFELD, GARY
Address: 8420 NW 52 ST, STE 107
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: JOKS, DET H.
Address: 10689 N. KENDALL DRIVE, #310
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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

D

03/31/2009

Electronic Signature of Signing Officer or Director

Date