

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # N04000011743

1. Entity Name
INTERNATIONALE HANDELSKAMMER FLORIDA, INC.



Principal Place of Business
**429 N DIXIE HWY STE 201
POMPANO BEACH, FL 33060**

Mailing Address
**429 N DIXIE HWY STE 201
POMPANO BEACH, FL 33060**



01052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2050636	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LUDWIG, GERD
3180 NW 114 TERRACE
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LUDWIG, GERD
STREET ADDRESS	3180 NW 114 TERRACE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	S
NAME	RIGENOERGER, NORHART
STREET ADDRESS	834 NW 117TH AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076

TITLE	T
NAME	SCHLUETER, JUERGEN
STREET ADDRESS	966 NW 114 AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	VP
NAME	HARTWICH, JUERGEN
STREET ADDRESS	1110 SW 28TH STREET
CITY-ST-ZIP	CAPE CORAL, FL 33914

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/26/08-00044-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gerd Ludwig

6.3.08

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