2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/1

FILED
Feb 12, 2007 8:00 am
Secretary of State

01-16-2007 90216 029 ****61.25

DOCUMENT # N06000003746

1. Entity Name
INTERNATIONAL CHAMBER OF COMMERCE SOUTH FLORIDA CORP.

Principal Place of Business
429 N. DIXIE HWY.
POMPANO BEACH, FL 33060

Mailing Address
429 N. DIXIE HWY.
POMPANO BEACH, FL 33060

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number — Applied For / [X] Not Applicable

Zip | Country

Zip | Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEDNARCZYK, CHRISTIAN F
310 CYPRESS DRIVE
KEY BISCAYNE, FL 33149

7. Name and Address of New Registered Agent

Name Gerd Ludwig

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

3180 NW 114 Terrace

City CORAL Springs FL Zip Code 33065

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 Gerd Ludwig 1.10.07

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, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP ☐ Delete	TITLE	T ☐ Change ☒ Addition
NAME	SCHLUETER, JUERGEN	NAME	RIGENDINGER, Norbert
STREET ADDRESS	429 N. DIXIE HWY.	STREET ADDRESS	429 N DIXIE HWY
CITY-ST-ZIP	POMPANO BEACH, FL 33060	CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LUDWIG, GERD F	NAME	
STREET ADDRESS	429 N. DIXIE HWY.	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	CITY-ST-ZIP	
TITLE	T ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BEDNARCZYK, CHRISTIAN	NAME	
STREET ADDRESS	429 N. DIXIE HWY.	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 1.10.07 9548457153

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