

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90031 023 ****61.25

DOCUMENT # N27156

1. Entity Name
GERMAN-AMERICAN TRADE COUNCIL, INC.



Principal Place of Business
100 N BISCAYNE BLVD
#2100
MIAMI, FL 33132 US

Mailing Address
100 N BISCAYNE BLVD
#2100
MIAMI, FL 33132 US

40038804



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02292008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0141771

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUR, THOMAS
100 N BISCAYNE BLVD
2100
MIAMI, FL 33132

Name

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

City

FL

Zip Code

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME GREEN, CHRISTA
STREET ADDRESS 700 BRICKELL AVE
CITY-ST-ZIP MIAMI, FL 33131

TITLE P/D ☐ Change ☒ Addition
NAME CLAUS, MICHAEL
STREET ADDRESS 10480 DOVAL BLVD
CITY-ST-ZIP MIAMI 33148

TITLE D ☒ Delete
NAME GOESSELE, THOMAS
STREET ADDRESS 801 BRICKELL AVE 7TH FLOOR
CITY-ST-ZIP MIAMI, FL

TITLE UP/D ☐ Change ☒ Addition
NAME BAUR, THOMAS
STREET ADDRESS 100 N. BISCAYNE BLVD - STE 2100
CITY-ST-ZIP MIAMI 33132

TITLE P ☒ Delete
NAME LOY, WALTER A
STREET ADDRESS 13605 S DIXIE HWY
CITY-ST-ZIP MIAMI, FL

TITLE S/D ☐ Change ☒ Addition
NAME RIEDI, CLAUDIO
STREET ADDRESS 7700 N. KENDALL DR. STE 303
CITY-ST-ZIP MIAMI 33176

TITLE D ☒ Delete
NAME BAUR, THOMAS
STREET ADDRESS 100 N. BISCAYNE BLVD. #2100
CITY-ST-ZIP MIAMI, FL

TITLE T/D ☐ Change ☒ Addition
NAME GOESEKE, NICKEL
STREET ADDRESS 1492 S. MIAMI AVE
CITY-ST-ZIP MIAMI 33130

TITLE TD ☒ Delete
NAME GOESEKE, NICKEL
STREET ADDRESS 151 SW 15 RD #100
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME RIEDI, CLAUDIO
STREET ADDRESS 10461 S.W. 80TH STREET
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/29/08