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

FILED Mar 05, 2008 8:00 am Secretary of State 03-05-2008 90031 023 ****61.25

DOCU	MENT:	# N27156	3



Principal Place of Bourness 100 N BSCATNE BLV0 272100 MANIL FL 33132 US 2. Principal Place of Bourness - No PO. Box # 2. Mailing Address Suite, Apr. 4, etc. 2. Principal Place of Bourness - No PO. Box # 2. Mailing Address Suite, Apr. 4, etc. 2. Principal Place of Bourness - No PO. Box # 2. Mailing Address Cry & State Cry & S	1. Entity Name GERMAN-AMERICAN TRADE COUNCIL, INC.											
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State City & State 4. FEI Number 65-0141771 Nat Applicable Nat Ap	100 N BISCAYNE BLVD 100 N BISCAYNE BLVD #2100 #2100						-					
City & State City & State Desired Status Desired State State Desired State Desired State State Desired State State Desired State State State Desired State State Desired State												
Signature Sign	Suite, Apt. #, etc. Si		iuite, Apt. #, etc.			02292008	Chg-NP	CR2E0	37 (12/06)			
S. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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 Filling Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. 10. : OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE OREEN, CHRISTA SIRET ADDRESS ORTH-ST-2P NAME COESSELE, THOMAS SIRET ADDRESS ORTH-ST-2P NAME COESSELE, THOMAS SIRET ADDRESS ORTH-ST-2P NAME LOY, WALTER A ORDES SELE, THOMAS SIRET ADDRESS ORTH-ST-2P NAME LOY, WALTER A Deale NAME COESSELE, THOMAS SIRET ADDRESS ORTH-ST-2P NAME LOY, WALTER A Deale SIRET ADDRESS ORTH-ST-2P NAME LOY, WALTER A SIRET ADDRESS ORTH-ST-2P NAME S	City & State		С	Dity & State				771		_ 		
SAUR, THOMAS 100 N BISCAYNE BLVD 2100 MAMM, FL 33132 City FL Zip Cade 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 obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent. SIGNATURE FILING Fee is \$61.25 Due by May 1, 2008 9. Election Campsign Financing Trust Fund Contribution. 10. : OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 INCE ORGEN, CHRISTA SIRRET ADDRESS ORD SIRRET ADDRESS ORT ST-2P MAMM, FL 10. Debte MAME MAMM, FL 10. Debte MAMM, FL 10	Zip Country Zi		ip Country									
Size Address (P.O. Box Number is Not Acceptable)		6. Name and Address of	of Current Register	ed Agent			7. Name and A	ddress of New	Registered	Agent		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zio Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Species Section Species Section Sectio	PAUD TH	IOMAS			Name						_	
City FL Zip Code	100 N BISCAYNE BLVD 2100				Street A	Street Address (P.O. Box Number is Not Acceptable)						
B. 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 FILING Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. 10. :: OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITIE NAME CITY-ST-2P MIAMI, FL 33131 TITE OGESSELE, THOMAS SIREFLADORSS CITY-ST-2P MIAMI, FL P LOY, WALTER A SIREFLADORSS CITY-ST-2P MIAMI, FL Delete TITE P LOY, WALTER A SIREFLADORSS CITY-ST-2P MIAMI, FL Delete TITE D LOY, WALTER A SIREFLADORSS CITY-ST-2P MIAMI, FL Delete TITE D LOY, WALTER A SIREFLADORSS CITY-ST-2P MIAMI, FL Delete TITE D LOY, WALTER A SIREFLADORSS CITY-ST-2P MIAMI, FL D BAUR, THOMAS SIREFLADORSS CITY-ST-2P MIAMI, FL D Delete TITE D LOY, WALTER A SIREFLADORSS CITY-ST-2P MIAMI, FL D Delete TITE D LOY, WALTER A SIREFLADORSS CITY-ST-2P MIAMI, FL D Delete TITE D COSSERIES, NICKEL SIREFLADORSS CITY-ST-2P MIAMI, FL D Delete TITE CITY-ST-2P MIAMI, FL D Delete CITY-ST-2P TITE CITY	IVIIAN21, FL	. 33132			City				FI	Zip Cod	le	
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Trust Fund Contribution. Added to Fees Florida Department of State 10.	İ	Signature, typed or printed name of rec	gistered agent and title if ap	pplicable. (NO	TE: Registered Agent signal	ture required	when reinstating)		DATE			
TITLE NAME STREET ADDRESS OCHY-ST-ZIP NAME OCHEST ADDRESS OCHY-ST-ZIP NAME STREET ADDRESS OCH STREET ADDRESS OCH STREET ADDRES	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					\$5.00 May Be Added to Fees	I					
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TITLE D GOESSELE, THOMAS SOIT BRICKELL AVE 7TH FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE D GOESSELE, THOMAS STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE D GOESSELE, THOMAS STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE D GOESSELE, THOMAS STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE D GOESSELE, THOMAS STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE D GOESSELE, THOMAS STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE TI	NAME STREET ADDRESS	GREEN, CHRISTA 700 BRICKELL AVE		X Delete	NAME STREET ADDRESS	P/1 CLA 104	D go Pok gi Rini	PICHAE BAL BL BBIY8	ud	□ Change	Addition	
CITY-ST-ZIP MIAMI, FL ITILE NAME BAUR, THOMAS 100 N. BISCAYNE BLVD. #2100 MIAMI, FL TITLE TITLE TO STREET ADDRESS CITY-ST-ZIP MIAMI, FL TD GOESEKE, NICKEL STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE TITLE TO MIAMI, FL TO STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE TITLE STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE TITLE STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL CHange Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL CHANGE Addition	NAME STREET ADDRESS	GOESSELE, THOMAS 801 BRICKELL AVE 7TO	H FLOOR	X Delete	NAME STREET ADDRESS	BAL	D D. TH N. Olsi	GAAS CAYNE	Blvo	□ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME GOESEKE, NICKEL STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE O NAME RIEDI, CLAUDIO STREET ADDRESS CITY-ST-ZIP MIAMI, FL NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP	NAME STREET ADDRESS	LOY, WALTER A 13605 S DIXIE HWY		Delete	NAME STREET AÖÖRESS	SIL	on, CL	AU dio ENDACC 37176	DK	Change	Addition 30 3	
NAME GOESEKE, NICKEL NAME STREET ADDRESS 151 SW 15 RD #100 STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE D TITLE NAME RIEDI, CLAUDIO NAME STREET ADDRESS 10461 S.W. 80TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP	NAME STREET ADDRESS	BAUR, THOMAS 100 N. BISCAYNE BLVI	D. #2100	X Delete	NAME STREET ADDRESS	GO	D ESEKE, 92 S. A MIAMI	NICK. 1 100 10 13115	SUE 0	☐ Change	Addition	
NAME RIEDI, CLAUDIO NAME STREET ADDRESS 10461 S.W. 80TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP :	NAME STREET ADDRESS	GOESEKE, NICKEL 151 SW 15 RD #100		Delete	NAME STREET ADDRESS					☐ Change	Addition	
43. I haroby partity that the information available with this filing does not evalify for the exemptions contained in Chapter 110. Elevide Statutes I further certify that the information	NAME STREET ADDRESS	RIEDI, CLAUDIO 10461 S.W. 80TH STRE	EET	⊠ Delete	NAME STREET ADDRESS						Addition	

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 truete 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:

<u>(</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #