

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000021535

FILED
Apr 21, 2009
Secretary of State

Entity Name: FASSMER HOLDING AMERICA CORP.

Current Principal Place of Business:

6135 NW 167TH ST.
UNIT E-6
MIAMI, FL 33015 _

Current Mailing Address:

6135 NW 167TH ST.
UNIT E-6
MIAMI, FL 33015 _

New Principal Place of Business:

6135 NW 167TH ST.
UNIT E-6
MIAMI, FL 33015

New Mailing Address:

6135 NW 167TH ST.
UNIT E-6
MIAMI, FL 33015

FEI Number: 83-0512924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHENK & ASSOCIATES, PLC
999 BRICKELL AVENUE
SUITE 700
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FASSMER, HOLGER
Address: INDUSTRIESTRASSE 2
City-St-Zip: BERNE/MOTZEN, GERMANY, _ 27804 _

Title: D () Delete
Name: FASSMER, HARALD
Address: INDUSTRIESTRASSE 2
City-St-Zip: BERNE/MOTZEN, GERMANY, _ 27804 _

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FASSMER, HOLGER
Address: INDUSTRIESTRASSE 2
City-St-Zip: 27804 BERNE/MOTZEN, _ GERMANY _

Title: D (X) Change () Addition
Name: FASSMER, HARALD
Address: INDUSTRIESTRASSE 2
City-St-Zip: 27084 BERNE/MOTZEN, _ GERMANY _

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAXIMILIAN SCHENK AS AUTHORIZED AGENT

AA

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date