

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P99000089648**

1. \*Entity Name  
**VOLKSWAGEN GROUP LATIN AMERICA, INC.**



Principal Place of Business

**701 WATERFORD WAY  
(NW 62ND AVE) SUITE 590  
MIAMI, FL 33126**

Mailing Address

**701 WATERFORD WAY  
(NW 62ND AVE) SUITE 590  
MIAMI, FL 33126**



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-6748835**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324**

**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)

000000790852

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

01/23/08-80050-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KLIMA, VIKTOR DR.
STREET ADDRESS	HENRY FORD Y DELCASSE
CITY-ST-ZIP	BUENOS AIRES, AR
TITLE	T
NAME	DAVIDSON, WILLIAM E
STREET ADDRESS	3800 HAMLIN RD.
CITY-ST-ZIP	AUBURN HILLS, MI 48326
TITLE	V
NAME	ESPI, FELIPE
STREET ADDRESS	701 WATERFORD WAY, SUITE 590
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	T
NAME	DAVIDSON, WILLIAM S
STREET ADDRESS	3800 HAMLIN ROAD
CITY-ST-ZIP	DETROIT, MI 48226
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 607, 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:** O. Harman **O. HARMANN, MGR.** 01/09/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CONTROLLING

Daytime Phone #