## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 20, 2005 8:00 am Secretary of State DOCUMENT # P99000109225 1. Entity Name 04-20-2005 90296 038 \*\*\*150.00 AKTIV ASSEKURANZ (USA) INC. Principal Place of Business Mailing Address 10705 NW 33RD STREET 10705 NW 33RD STREET SUITE 120 MIAMI FL 33172 SUITE 120 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0998602 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, JUAN ANGEL C/O AKTIV ASSEKURANZ Street Address (P.O. Box Number is Not Acceptable) 10705 NW 33RD STREET. **MIAMI FL 33172** City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS'AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 TITLE Change Addition TITLE Delete NAME GONZALEZ, JUAN ANGEL NAME 10705 NW 33RD STREET #120 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP ☐ Delete TITLE **Change** Addition BOCHANSKI, JUERGEN NAME MAME 10705 NW 33RD STREET #120 STREET ADDRESS STREET ADDRESS MIAMI FL 33172 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ---THILE-Change — 🔲 Addition SCHUMANN, KARL HEINZ STREET ADDRESS 10705 NW 33RD STREET #120 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33172 ☐ Addition TITLE Delete TITLE Change GONZALEZ, JUAN ANGEL NAME NAME 10705 NW 33RD STREET #120 STREET ADDRESS STREET ADDRESS MIAMI FL 33172 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this report of supplierrents in the same legal effect as if made under oath; that I am an officer or director trustees ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED

**FILED**