

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90028 043 ***150.00

DOCUMENT # S96984

1. Entity Name
GERMAN DYNAMICS, INC.



Principal Place of Business
**1 WEST LINTON BLVD. BAY 25
DELRAY BEACH, FL 33444**

Mailing Address
**1 WEST LINTON BLVD. BAY 25
DELRAY BEACH, FL 33444**

50000882



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0327217 65-0320610** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MIU, ADRIAN
1143 S.W. 13TH DRIVE
BOCA RATON, FL 33486**

**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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MIU, ADRIAN**
STREET ADDRESS **1143 S.W. 13TH DRIVE**
CITY-ST-ZIP **BOCA RATON, FL 33486**

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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: *Adrian Miou* **ADRIAN MIU** 1-15-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #