

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V36462

FILED
Mar 13, 2007
Secretary of State

Entity Name: MAYBACH AMERICAN GROUP, INC.

Current Principal Place of Business:

67 WALL ST.
NEW YORK, NY 10005

New Principal Place of Business:

Current Mailing Address:

396 ALHAMBRA CIRCLE SUITE 210
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0337822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCAGLIONE & QUESADA, P.A.
475 BILTMORE WAY
SUITE 300
CORAL GABLES, FL 33134 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: P () Delete
Name: MAYBACH, MICHAEL DR
Address: 67 WALL STREET, 22ND FLOOR
City-St-Zip: NEW YORK, NY 10005

Title: S () Delete
Name: HUBER, FRIEDRICH
Address: 67 WALL STREET, 22ND FLOOR
City-St-Zip: NEW YORK, NY 10005

Title: O () Delete
Name: MAYBACH, MICHAEL DR
Address: 67 WALL STREET, 22ND FLOOR
City-St-Zip: NEW YORK, NY 10005

Title: O () Delete
Name: HUBER, FRIEDRICH
Address: 67 WALL STREET, 22ND FLOOR
City-St-Zip: NEW YORK, NY 10005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRIEDRICH HUBER

O

03/13/2007

Electronic Signature of Signing Officer or Director

Date