

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001690

**Entity Name:** IMPACT INITIATIVES, INC.

**Current Principal Place of Business:**

CARRERA 13 # 75-20  
303  
BOGOTA, D.C. 110221

**FILED**  
**Apr 15, 2019**  
**Secretary of State**  
**5844932116CC**

**Current Mailing Address:**

CARRERA 13 # 75-20  
303  
BOGOTA, D.C. 110221 CO

**FEI Number: 65-1081155**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC.  
7901 4TH STREET NORTH  
SUITE 300  
ST.PETERSBURG, FL 33702 US

*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: BILL HAVRE**

**04/15/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name OSCAR, REYES  
Address CARRERA 51A #127-490 INT. 3  
#304  
City-State-Zip: BOGOTA

Title VP  
Name KUHAR, ADRIANA  
Address 1301 S. SCOTT ST.  
#832  
City-State-Zip: ARLINGTON VA 22204

Title PRESIDENT  
Name CHAVES, ROBERTO  
Address CALLE 118 #70-47 INT. 2  
City-State-Zip: BOGOTA

Title TREASURER  
Name CHAVES, MARIA LUISA  
Address CALLE 118 #70-47 INT. 2  
City-State-Zip: BOGOTA

Title MEMBER  
Name FRANTZ, JAMES ROBERT  
Address CALLE 129B #57A -40  
CASA 15  
City-State-Zip: BOGOTA

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERTO CHAVES**

**PRESIDENT**

**04/15/2019**

Electronic Signature of Signing Officer/Director Detail

Date