

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002243

Entity Name: CAMBIO LABS CO.**Current Principal Place of Business:**3180 44TH ST.
APARTMENT 3B
NEW YORK CITY, NY 11103**Current Mailing Address:**109 LILLIAN LANE
SILVER SPRING, MD 20904 US**FEI Number:** 46-5214867**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HELLINGER, REGINA
2715 RUNYON CIR
ORLANDO, FL 32837 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	EX/D	Title	DIRECTOR
Name	MARTIN, SEBASTIAN	Name	DE MARTIN, ISABELLA
Address	3180 44TH STREET	Address	109 LILLIAN LANE
City-State-Zip:	ASTORIA NY 11103	City-State-Zip:	SILVER SPRING MD 20904
Title	PRESIDENT	Title	D
Name	MCLEAN, DAVID	Name	MALUWETING, MICHELLE
Address	FLAT 12, 8 BURNBRAE DRIVE	Address	11701 CHARLES ROAD
City-State-Zip:	EDNBURGH, EH 12 8AS UNITED KINGDOM	City-State-Zip:	SILVER SPRING MD 20906
Title	DIRECTOR	Title	DIRECTOR
Name	LIZARRAGA, DANIELA	Name	AARONSON, MORT
Address	650 EDNA STREET APARTMENT 3B	Address	140 S ELM ST
City-State-Zip:	CHAPARRAL NM 88081	City-State-Zip:	DENVER CO 80246

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: ISABELLA DE MARTIN**DIRECTOR****02/07/2024**

Electronic Signature of Signing Officer/Director Detail

Date