2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2024
Secretary of State
9349087866CC

DOCUMENT# N18000008681

Entity Name: PLASTIC SYMPTOMS, INC.

Current Principal Place of Business:

135 SE 5TH AVE
113
DELRAY BEACH, FL 33483

Current Mailing Address:

135 SE 5TH AVE
BOX 13
DELRAY BEACH, FL 33483 US

FEI Number: 83-1574581

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC
7901 4TH STREET N
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CO-FOUNDER, PRESIDENT, CEO
Name	GALVIN, BRYAN
Address	3910 RIVERSIDE WAY
City-State-Zip:	DELRAY BEACH FL 33445

Title	DIRECTOR, TREASURER
Name	CAMACHO, KANE
Address	4750 SE HORSESHOE POINT RD
City-State-Zip:	STUART FL 34997

Title	CO-FOUNDER
Name	BOGLE, CRUISE
Address	1701 NE 2ND AVE
City-State-Zip:	DELRAY BEACH FL 33444

Title	DIRECTOR
Name	KAPPELMAN, HELENA
Address	3863 NW 35TH ST
City-State-Zip:	COCONUT CREEK FL 33066

Title	CREATIVE DIRECTOR, EXECUTIVE SECRETARY, VP
Name	WEBSTER, ROB
Address	3303 YELLOWKNIFE CIR
City-State-Zip:	WIMAUMA FL 33598

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: BRYAN GALVIN PRESIDENT 05/16/2024

Electronic Signature of Signing Officer/Director Detail — Date