

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000008433

**Entity Name:** IMPACTX FOUNDATION, INC.

**Current Principal Place of Business:**

1920 N COMMERCE PARKWAY, SUITE 1920-3  
WESTON, FL 33326

**Current Mailing Address:**

1920 N COMMERCE PARKWAY, SUITE 1920-3  
WESTON, FL 33326 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

F & S PROJECTS CORP  
1920 N COMMERCE PARKWAY, SUITE 1920-3  
WESTON, FL 33326 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 DIRECTOR  
Name BERRANG, PASCAL  
Address DAVIVIENDA BUILDING 1ST FLOOR  
MERIDIANO BUSINESS CENTER  
City-State-Zip: ESCAZU 10203

Title S  
Name PHILIPP VON STYP-REKOWKSY  
Address DAVIVIENDA BUILDING 1ST FLOOR  
MERIDIANO BUSINESS CENTER  
City-State-Zip: ESCAZU 10203

Title T  
Name CHIN, ELION  
Address DAVIVIENDA BUILDING 1ST FLOOR  
MERIDIANO BUSINESS CENTER  
City-State-Zip: ESCAZU 10203

Title D  
Name WIBFELD, MARVIN  
Address DAVIVIENDA BUILDING 1ST FLOOR  
MERIDIANO BUSINESS CENTER  
City-State-Zip: ESCAZU 10203

Title PRESIDENT  
Name ESQUIVEL, JEFFREY  
Address DAVIVIENDA BUILDING 1ST FLOOR  
MERIDIANO BUSINESS CENTER  
City-State-Zip: ESCAZU 10203

Title D  
Name LARA, MAURICIO E  
Address DAVIVIENDA BUILDING 1ST FLOOR  
MERIDIANO BUSINESS CENTER  
City-State-Zip: ESCAZU 10203

*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: MAURICIO E LARA**

**DIRECTOR**

**03/08/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date