

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

DOCUMENT# N19000010144

**Entity Name:** DS THERAPIES INC.

**Current Principal Place of Business:**

6055 NW 104TH AVE  
SUITE 2  
DORAL, FL 33178

**Current Mailing Address:**

6055 NW 104TH AVE  
SUITE 2  
DORAL, FL 33178 US

**FEI Number:** 84-3151100

**Certificate of Status Desired:** No

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

ALTHOFF, JOHN  
6055 NW 104TH AVE  
SUITE 2  
DORAL, FL 33178 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	P	Title	T
Name	BIESTERFELD, TIM	Name	LEYRER, CARLOS
Address	5252 NW 108TH PLACE	Address	5601 NW 105 CT.
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

*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:** JOHN ALTHOFF

**REGISTERED AGENT**

**01/18/2022**

Electronic Signature of Signing Officer/Director Detail

Date