

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000012372

**Entity Name:** ENERGY WATER SPA INTEGRATIVE THERAPY  
INTERGOVERNMENTAL FOUNDATION INC,

**FILED**  
**Aug 20, 2023**  
**Secretary of State**  
**9576481660CC**

**Current Principal Place of Business:**

RUA JUPITER  
BAIRRO BOA SAUDE 119  
NOVO HAMBURGO, 93347390

**Current Mailing Address:**

RUA JUPITER  
BAIRRO BOA SAUDE 119  
NOVO HAMBURGO, 93347390 BR

**FEI Number: 85-3767578**

**Certificate of Status Desired: Yes**

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

RODRIGUES, ANDRES SR,  
200 S E 1ST STREET  
1110  
MIAMI, FL 33131 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            PRESIDENT  
Name            CRUZ, JOAO BATISTA SR.  
Address        RUA JUPITER  
                  BAIRRO BOA SAUDE 119  
City-State-Zip: NOVO HAMBURGO 93347390

Title            VP  
Name            CRUZ, JOAO LUIS DE VASCONCELOS  
                  SR.  
Address        RUA JUPITER  
                  BAIRRO BOA SAUDE 119  
City-State-Zip: NOVO HAMBURGO 93347390

*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: CRUZ, JOAO LUIS DE VASCONCELOS, SR.**

**DIRETOR**

**08/20/2023**

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

\_\_\_\_\_  
Date