

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000002225

**FILED**  
**Feb 11, 2024**  
**Secretary of State**  
**8541546369CC**

**Entity Name:** HELPWARRIORSUKRAINE, INC.

**Current Principal Place of Business:**

901 NW 22 AVENUE  
MIAMI, FL 33125

**Current Mailing Address:**

901 NW 22 AVENUE  
MIAMI, FL 33125

**FEI Number:** 92-2756971

**Certificate of Status Desired:** Yes

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

ODDO, NORMA MS.  
901 NW 22 AVENUE  
MIAMI, FL 33125 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  
Name ENGEL, ANZHELIKA DR.  
Address 7100 SW 116 TERRACE  
City-State-Zip: PINECREST, FL 33156

Title VP  
Name RAMOS, ROY R MR.  
Address 20322 SW 88 COURT  
City-State-Zip: CUTLER BAY FL 33189

Title DIR  
Name MANNES, JANICE MS.  
Address 4535 NUTMEG TREE LANE #A  
City-State-Zip: BOYTON BEACH FL 33436

Title DIR  
Name ENGEL, GERALD T MR.  
Address 901 NW 22 AVENUE  
City-State-Zip: MIAMI FL 33125

Title DIR  
Name YUZVYSHENA, KATERYNA MS.  
Address 7100 SW 116 TERRACE  
City-State-Zip: PINECREST FL 33156

*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:** ANZHELIKA ENGEL

**PRESIDENT**

**02/11/2024**

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

\_\_\_\_\_  
Date