

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000063287

**Entity Name:** QGROW PRODUCTS, INC.

**Current Principal Place of Business:**

1001 BROKEN SOUND PARKWAY NW  
SUITE A  
BOCA RATON, FL 33487

**Current Mailing Address:**

1001 BROKEN SOUND PARKWAY NW  
SUITE A  
BOCA RATON, FL 33487

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GOULD, LEONARD  
1001 BROKEN SOUND PARKWAY NW  
SUITE A  
BOCA RATON, FL 33487 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 D  
Name GOULD, LEWIS  
Address 1001 BROKEN SOUND PARKWAY NW,  
SUITE A  
City-State-Zip: BOCA RATON FL 33487

Title D  
Name GOULD, LEONARD  
Address 1001 BROKEN SOUND PARKWAY NW,  
SUITE A  
City-State-Zip: BOCA RATON FL 33487

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEWIS GOULD

**DIRECTOR**

**01/16/2018**

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

\_\_\_\_\_  
Date