

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000064006

**Entity Name:** TIME:MATTERS AMERICAS, INC.

**Current Principal Place of Business:**

1862 WEST FLAGLER STREET  
MIAMI, FL 33135

**Current Mailing Address:**

1862 WEST FLAGLER STREET  
MIAMI, FL 33135 US

**FEI Number: 47-1487148**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CHAIRMAN OF THE BOARD  
Name KOHNEN, ALEXANDER  
Address 1862 WEST FLAGLER STREET  
City-State-Zip: MIAMI FL 33135

Title MANAGING DIRECTOR  
Name KRUG, MARK  
Address 1862 WEST FLAGLER STREET  
City-State-Zip: MIAMI FL 33135

Title PRESIDENT  
Name KRUG, MARK  
Address 1862 WEST FLAGLER STREET  
City-State-Zip: MIAMI FL 33135

Title ASSISTANT SECRETARY  
Name RIEDESEL, PATRICIA  
Address 1862 WEST FLAGLER STREET  
City-State-Zip: MIAMI FL 33135

Title ASSISTANT SECRETARY  
Name MULET, ALEXANDRA  
Address 1862 WEST FLAGLER STREET  
City-State-Zip: MIAMI FL 33135

Title PRESIDENT  
Name KRUG, MARK  
Address 1862 WEST FLAGLER STREET  
City-State-Zip: MIAMI FL 33135

Title OFFICER  
Name KOHNEN, ALEXANDRA  
Address 1862 WEST FLAGLER STREET  
City-State-Zip: MIAMI FL 33135

*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: MARK KRUG**

**PRESIDENT**

**04/30/2024**

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

\_\_\_\_\_  
Date