

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000072110

Entity Name: TRAUMIX INC.

Current Principal Place of Business:

1101 BRICKELL AVE, STE. G0#310367
MIAMI, FL 33231

Current Mailing Address:

1101 BRICKELL AVE, STE. G0#310367
MIAMI, FL 33231 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 PVST
Name HE, ZUOMENG
Address HERMANN-RITTER-STR.108
City-State-Zip: BREMEN 28197

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: ZUOMENG HE

PRESIDENT

04/05/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date