

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000073741

**Entity Name:** RETROVIRAL, INC

**Current Principal Place of Business:**

5481 WILES RD  
STE 502  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

5481 WILES RD  
STE 502  
COCONUT CREEK, FL 33073 US

**FEI Number:** 36-4909727

**Certificate of Status Desired:** No

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

JG CONSULTING SERVICES, LLC  
5481 WILES RD  
STE 502  
COCONUT CREEK, FL 33073 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 SHARMAN, MIKE  
Address 547 CAPTIVA DR  
City-State-Zip: PONTE VEDRA BEACH FL 32081

Title ST  
Name RONEN, JODI  
Address 5481 WILES RD  
STE 502  
City-State-Zip: COCONUT CREEK FL 33073

Title VP  
Name SHARMAN, TARYN  
Address 5481 WILS RD - STE. 502  
City-State-Zip: COCONUT CREEK FL 33073

*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:** MIKE SHARMAN

**PRES**

**04/19/2021**

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

\_\_\_\_\_  
Date