

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000026503

**Entity Name:** MATCHKIT, 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 UN

**FEI Number:** 85-0522481

**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 RETROVIRAL, INC  
Address 3375 20 MILE ROAD  
City-State-Zip: PONTE VEDRA BEACH FL 32801

Title ST  
Name RONEN, JODI  
Address 7630 LAGO DEL MAR DR  
City-State-Zip: BOCA RATON FL 33433

Title D  
Name PROCURA SA  
Address 291 SPRITE AVE  
City-State-Zip: MENLYN WOODS OFFICE PARK SF 0081

Title D  
Name TRUTH GROUP  
Address 275 LINDEN STREET  
City-State-Zip: SANDOWN SF 2031

Title D  
Name KARPINSKI, BEN  
Address 305 MERROW DOWN 5 RUDD RD  
City-State-Zip: GAUTENG SF 2196

Title VP  
Name GILDER, ANDY  
Address 32 ALPINA RD  
City-State-Zip: CLAREMONT SF 7700

*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:** JODI RONEN

**SEC**

**06/28/2021**

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

\_\_\_\_\_  
Date