

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 858300

Entity Name: CLUB MED SALES, INC.**Current Principal Place of Business:**6505 BLUE LAGOON DRIVE
225
MIAMI, FL 33126**Current Mailing Address:**6505 BLUE LAGOON DRIVE
225
MIAMI, FL 33126 US**FEI Number:** 13-2556340**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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	PD
Name	DOYON, CAROLYNE
Address	6505 BLUE LAGOON DRIVE, SUITE 225
City-State-Zip:	MIAMI FL 33126

Title	VD
Name	RAMEN, CHRISTELLE
Address	6505 BLUE LAGOON DRIVE, SUITE 225
City-State-Zip:	MIAMI FL 33126

Title	SV
Name	KETT, EILEEN
Address	6505 BLUE LAGOON DRIVE, SUITE 225
City-State-Zip:	MIAMI FL 33126

Title	V
Name	ROZIER, OLIVIER
Address	6505 BLUE LAGOON DRIVE SUITE 225
City-State-Zip:	MIAMI FL 33126

Title	VP
Name	BROUHARD, AMELIE
Address	6505 BLUE LAGOON DRIVE SUITE 225
City-State-Zip:	MIAMI FL 33126

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: EILEEN KETTSR. VICE PRESIDENT,
SECRETARY

01/11/2022

Electronic Signature of Signing Officer/Director Detail_____
Date